



## DEACONESS APPLICATION

**Please send this to:**  
Church of God of Prophecy  
State Office  
P. O. Box 220  
Elizabethtown, KY 42702

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Married  Single  Divorced

When were you converted? \_\_\_\_\_ Sanctified \_\_\_\_\_ Filled with the Holy Ghost \_\_\_\_\_

Have you been baptized in water? \_\_\_\_ If so, when and by whom? \_\_\_\_\_

How long have you been a member of the church? \_\_\_\_\_ Do you sense a definite call into a ministry of service to the local church? \_\_\_\_\_ If so, what area? \_\_\_\_\_

Will you make yourself available to the pastor and congregation to serve in areas of your gifting which would allow the pastor time for prayer and fasting? \_\_\_\_\_

What capacity of church service do you believe you are best equipped to serve? \_\_\_\_\_

Do you have organizational skills? \_\_\_\_\_ Do you have administrative skills? \_\_\_\_\_

Do you understand financial matters? \_\_\_\_\_ Do you have maintenance skills? \_\_\_\_\_

Will your spouse serve alongside of you in ministry? \_\_\_\_\_ Are you daily in prayer? \_\_\_\_\_

Are you leading your family in personal family worship? \_\_\_\_\_ Are you being enriched

daily from the Word of God? \_\_\_\_\_ Are you a good steward in tithing and giving? \_\_\_\_\_

Are you willing to be equipped for ministry through study courses and ministry sessions provided by the pastor and State Office? \_\_\_\_\_

Please write why you would like to be a deaconess.

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**(A copy of this application should be kept in the local church files)**