



DEACON 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 wife 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 deacon.

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