

DEACONESS APPLICATION

Please send this to:

Heartland America Regional Office Church of God of Prophecy P.O. Box 356 Broken Arrow, OK 74013

*Please	print	clearly
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Name	E	mail
Address	City	State/Zip
Date of Birth Phon	e	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 t ministry of service to the local church? If so, what area?		
would allow the pastor time for prayer do you believe you are best equipped to	and fasting?	
		ou have administrative skills?
Will your wife serve alongside you in	ministry?	Are you daily in prayer?
Are you leading your family in person	nal family worship	? Are you being enriched daily
Are you willing to be equipped for n	ninistry through stunal Office?	steward in tithing and giving?dy courses and ministry enrichment sessions Are you willing to stay connected to the
Please write in the space provided belo space, use the back of this page.	w why you would l	ike to be a Deaconness. Should you need more

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