



Please send this to:

Virginia State Office
P.O. Box 158
Troutville, VA 24175

Deacon/Trial Deacon Application

Name: _____ Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Married Single Divorced

When were you converted? _____ Sanctified _____ 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 the congregation to serve in areas of your
gifting which would allow the pastor time for prayer and fasting? _____ Are you willing to
undergo a background check? _____ What capacity of church service do you believe you are
best equipped to serve in _____

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 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 enrichment
sessions provided by both the Pastor and Regional Office? _____ Are you willing to stay
connected to the Regional Office through your reporting? _____

Please write in the space provided below why you would like to be a Deacon. Should you need
more space, use the back of this page.

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