



Please send this to:
Great Lakes Ministries
P.O. Box 398
Charlestown, IN 47111
greatlakescogop@gmail.com

Deacon/Trial Deacon Application

Name: _____ Phone: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

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.)