

Information Sheet For Trial Deacon/Deaconess Certificate/Deacon/Deaconess Licensure

Date _____

Note: This information sheet must be completed and returned to the State Office with a current photograph of yourself prior to scheduling an appointment with the Review Board. Please attach a professional resume' if possible.

Name: _____

Address: _____

Phone: _____

Email Address: _____

Are You Currently Married? _____ Have you ever been divorced? _____

When did you accept Christ as your Savior? _____ Are you Sanctified? _____

Baptized with the Holy Ghost? _____ If you answered no are you actively seeking? _____

If married is your Spouse Saved? _____ Sanctified _____ Baptized with the Holy Ghost? _____

How long have you consistently served the Lord? _____

When did you join the Church of God of Prophecy? _____ Local Church _____

Who is your Pastor? _____

Do you faithfully support your pastor? _____

Are you faithful in attendance and tithing at your local church or to the state office? _____

When were you called into the ministry? _____

What positions have you held in your local church during the past 24 months?

How many times have you preached in your local church in the past twelve months? ____

How many times have you preached in other Churches of God of Prophecy during the past twelve months? _____

How many revivals have you conducted the past twelve months? _____

During the past twelve months: Number saved under your ministry: _____

Sanctified? _____ Received Holy Ghost? _____

Please list Education and Degrees: _____

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If you have been in other position(s) in The Church of God of Prophecy or other organizations, please list Positions that you have held: (Begin with most recent feel free to add additional sheets if necessary)

1) Dates _____	Position _____	Organization _____
Address _____	Supervisor _____	Supervisor Contact Information _____
2) Dates _____	Position _____	Organization _____
Address _____	Supervisor _____	Supervisor Contact Information _____
3) Dates _____	Position _____	Organization _____
Address _____	Supervisor _____	Supervisor Contact Information _____

Please list three professional references:

- | | |
|---------------|-------------|
| 1) Name _____ | Phone _____ |
| 2) Name _____ | Phone _____ |
| 3) Name _____ | Phone _____ |

If licensed will you operate within the polity guidelines of the Church of God of Prophecy? _____

In view of your answers to the above questions please write a paragraph(s) explaining why you feel you should be a licensed minister in the Church of God of Prophecy? Use back of sheet if necessary.

Return to Ron Boyd
 Church of God of Prophecy-State Office
 P.O. Box 158
 Troutville, Virginia 24175-0158