

# Harp's Crossing Baptist Church

## \*\*\* Deacon Nomination Application \*\*\*

PLEASE PRINT OR TYPE. USE REVERSE SIDE IF MORE SPACE IS NEEDED FOR ANY QUESTION.

Date of application \_\_\_\_\_

Date submitted to Chairman of Deacons \_\_\_\_\_ CoD Initial \_\_\_\_\_

Date Nominee's name is posted for church review \_\_\_\_\_

Nominating Member filing application \_\_\_\_\_

Name of Nominee \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email address \_\_\_\_\_

Employer \_\_\_\_\_

Married \_\_\_\_\_ How long married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Wife's name \_\_\_\_\_

Children's names \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

Is your family in agreement with this nomination? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you been a member of Harp's Crossing? \_\_\_\_\_ Years \_\_\_\_\_ Months

Please list other churches you have attended in the past ten years: (names / addresses)

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Have you ever served as a deacon at another church? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please include the name of the church, how long you served and how you served, such as on deacon committees or other deacon related duties.

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List any committees or ministries you served in other churches. \_\_\_\_\_

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Do you tithe (10% of your income)? Yes \_\_\_\_ No \_\_\_\_ If you checked "no" please read Malachi 3:8-10. After reading and applying this discipline for 1 year please feel free to re-apply. We appreciate your service and interest in becoming an active deacon.

Do you give offerings above tithes for special needs and for other needs for God's work? Yes \_\_\_\_ No \_\_\_\_ . If not, please explain why? \_\_\_\_\_

Will you support the mission of Harp's Crossing Baptist Church? Yes \_\_\_\_ No \_\_\_\_ . "To love God and lead others to love Him too".

Please give a brief statement of how you feel God is calling you to be a deacon at Harp's Crossing Baptist Church. \_\_\_\_\_

Give a brief testimony of your salvation experience. \_\_\_\_\_

Do you attend Sunday School on a regular basis? Yes \_\_\_\_ No \_\_\_\_ . If not, please explain why? \_\_\_\_\_

Do you attend on Wednesday night in some capacity, serving the church? Yes \_\_\_\_ No \_\_\_\_ .

If not, Please explain why? \_\_\_\_\_

Do you attend on Sunday evening worship services on a regular basis? Yes \_\_\_\_ No \_\_\_\_

If not, why not? \_\_\_\_\_

By signing this nominee application, I realize I will be obligated to serve if I am selected for a full three (3) year term, and I will not terminate this agreement for our Church serving the Lord unless definitely called to leave by Him. While realizing there are valid reasons to terminate, such as job transfer, health issues and other reasons, this is an obligation to our Lord to be taken seriously.

After completely filling out this application, the calling of the Lord to serve, reading 1st Timothy on obligations of a deacon, please sign below. If you are married, have your wife sign, if she agrees, then the nominator will sign and it should be given to the Chairman of the Deacons.

Deacon nominee Signature \_\_\_\_\_ Date \_\_\_\_\_

Nominee's wife Signature \_\_\_\_\_ Date \_\_\_\_\_

Nominating Member making application \_\_\_\_\_ Date \_\_\_\_\_

*Copies go to the Chairman of the Deacons to be submitted to the full body of deacons for review, and then submitted for the interview process by the deacon selection committee*