

# *Harp's Crossing Baptist Church*

## **\* \* \* In-Active to Active Deacon Nomination Application \* \* \***

(This is to be used when nominating an in-active deacon to active status)

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

Date of re-application \_\_\_\_\_

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

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

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

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

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

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

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

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_

If married how long? \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

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

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

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

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.

List any committees or ministries you served in since your previously active status.

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Do you give offerings above tithes for special needs and for other needs for God's work?

Yes \_\_\_\_\_ No \_\_\_\_\_. If not, please tell us why \_\_\_\_\_

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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 become an active deacon at Harp's Crossing Baptist Church again. \_\_\_\_\_

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

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Do you attend on Wednesday night in some capacity, serving the church? Yes \_\_\_\_ No \_\_\_\_\_.  
If not, why not? \_\_\_\_\_

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Do you attend on Sunday evening worship services on a regular basis? Yes \_\_\_\_ No \_\_\_\_\_.  
If not, why not? \_\_\_\_\_

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In signing this re-nomination 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.

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Deacon Signature

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Date

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Deacon's Wife Signature

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Date

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Nominating Member making application

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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*