

**LAY MINISTER / TRIAL DEACON APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Lay Minister  Trial Deacon  Male  Female

Date of Birth \_\_\_\_\_ Married or Single \_\_\_\_\_

How long have you been saved? \_\_\_\_\_ Sanctified? \_\_\_\_\_

Filled with the Holy Ghost? \_\_\_\_\_ Have you been baptized in water? \_\_\_\_\_

If so, by whom? \_\_\_\_\_

How long have you been a member of the Church? \_\_\_\_\_

Do you feel a definite call to the ministry? \_\_\_\_\_

Have you had any previous experience? \_\_\_\_\_

Will you avail yourself of the study courses available through the Church? \_\_\_\_\_

*(Your pastor will familiarize you with these courses.)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ENDORSEMENT**

*(To be filled in by the pastor)*

The local church at \_\_\_\_\_ has considered the

calling and ability of \_\_\_\_\_ and hereby recommends

that a lay minister's  trial deacon's  certificate be issued to: \_\_\_\_\_

Date of conference \_\_\_\_\_

Signature of pastor \_\_\_\_\_

*Note: When both sections of this form have been completed, it is to be mailed to the State Office*