

**MBCC SERVANT LEADERSHIP**  
**DIACONATE/ELDERS RECOMMITMENT FORM**

In accordance with the MBCC Constitution and By-Laws (Section IV, paragraph A and Section VII, paragraph A), Church Council, Elders, Trustees, and members of the Diaconate shall serve a one-year term. To determine the number of positions available for 2026, the Nominating Committee requests that you fully complete this form.

Completed forms will assist the Nominating Committee in its role to submit recommendations to the congregation at the annual December 2025 Congregational meeting. Incomplete forms will not be processed.

**Please Print**

Name of standing officer: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Do you affirm to continue to execute the duties and responsibilities required in your position as an officer of MBCC and to uphold its Constitution and By-Laws? Yes\_\_\_\_\_ NO\_\_\_\_\_**

**If no, please submit a letter to your ministry chair requesting Leave of Absence or otherwise, according to the ministry by-laws. If yes, continue by providing the following information:**

**Tithes:**

Do your recorded contributions to MBCC represent your "Storehouse Tithes according to scripture?

**Yes\_\_\_\_\_ No\_\_\_\_\_**

**Bible Study:**

Please list the Life Groups you have regularly participated in at MBCC within the last 12 months, with the name of the Life Group Facilitator, or if you are a Life Group Facilitator.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Service Requirements:**

Please list the C-3 Community you have actively participated in \_\_\_\_\_.

Your past 12 monthly reports will verify an account of all MBCC meetings and activities you attended, such as C-3 meetings, C-3 fellowship activities, MBCC wakes/funerals, how many Sundays you served, Diaconate meetings you attended, and special MBCC training sessions organized by Senior Leadership.

**Please list:** All MBCC ministries you have been actively involved in within the past 12 months.

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Return Your Completed Form to Your Ministry Chairperson**