



# ONE NEW MAN GOSPEL MINISTRIES

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## CONFIDENTIAL QUESTIONNAIRE

### RECOMMENDATION FOR MINISTRY CREDENTIALS

Must be completed by an ordained minister and returned directly to the One New Man office

**Please type or print your response**

I have known \_\_\_\_\_ for a period of \_\_\_\_\_ years.  
I, \_\_\_\_\_ being well acquainted with his/her ministry \_\_\_ recommend \_\_\_ do not recommend the above named applicant be considered for \_\_\_ License \_\_\_ Ordination

I have known the applicant as a \_\_\_ Minister \_\_\_ Friend \_\_\_ Relative \_\_\_ Other \_\_\_\_\_  
The relationship has been \_\_\_ Intimate \_\_\_ Casual \_\_\_ Professional \_\_\_ Other \_\_\_\_\_

To the **best of my knowledge and judgment**, the **APPLICANT IS** (*Please check one in each line. SKIP lines if you have inadequate information to make a judgment. Write additional comments on the back of this form.*)

	Excellent	Good	Fair	Questionable	Poor
In Born Again life and testimony . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In ability to minister and lead . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Biblical conduct and moral attitude . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In accepting responsibility . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In heart attitude towards the nations. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In meeting financial obligations . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In personal appearance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In family relationships . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In physical fitness. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In your opinion, does the applicant exhibit a "call" to the ministry? \_\_\_ Yes \_\_\_ No  
Explain \_\_\_\_\_  
\_\_\_\_\_

To your knowledge, has the applicant ever been involved in questionable biblical doctrine? \_\_\_ Yes \_\_\_ No  
Explain \_\_\_\_\_  
\_\_\_\_\_

Please comment on the applicant's character and commitment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am ordained with \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Street \_\_\_\_\_, City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_