



# ONE NEW MAN GOSPEL MINISTRIES

241 Eleventh Street  
Schenectady, NY 12306  
www.onenewmanmin.org  
onenewmanmin@gmail.com

Please  
Attach  
Your  
Photo  
Here

## CREDENTIAL APPLICATION

Your application to One New Man Gospel Ministries, Inc. is welcomed and will be given prompt consideration. Husband and wife must complete separate forms if applying for credentials. For explanations that require more space, please attach a separate statement to this form. Your information is confidential and will help us determine the call of God on your life.

Your active participation as a credential holder in this fellowship will make available to you: The wisdom of Apostolic and Prophetic oversight and counsel; ministry guidance and support; legally recognized credentials; and the unity of fellowship with those who partake in God's plan to present to Himself a glorious Bride made up of redeemed Jews and Gentiles who are the habitation of God by His Spirit.

### Please type or print your response

- Full Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
- I am applying for: (*Please check only one*)  License  Ordination  
(Please ATTACH a copy of your current license or ordination credentials.)  
(License is for those new to ministry or presently holding ministry license.)
- Place of birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Male  Female
- When were you born again? Date \_\_\_\_\_ Water Mikvah/Baptized? Date \_\_\_\_\_  
Holy Spirit Baptized? Date \_\_\_\_\_ Please ATTACH a SUMMARY of your testimony (one page or less)
- Marital Status:  Single  Married  Separated  Widow(er)  Divorced  Remarried  
If divorced, state how many times? \_\_\_\_ Please ATTACH a written statement re. when & circumstances  
Are you a homosexual? Yes / No Are you a pedophile? Yes / No (circle one per question)
- Name of Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Is your spouse born again? Date \_\_\_\_\_ Water Mikvah/Baptized? Date \_\_\_\_\_  
Holy Spirit Baptized? Date \_\_\_\_\_  
Describe your spouse's ministry \_\_\_\_\_

8. Names and ages of your children \_\_\_\_\_  
Are your children born again? Yes / No
9. Are you and your spouse in unity regarding your ministry? Yes / No  
Explain \_\_\_\_\_
10. Education: List years completed College(s), Bible School(s), Correspondence Course(s) and Degree(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What is your denominational background? \_\_\_\_\_
12. Have you ever been licensed? Yes / No If yes, by whom? \_\_\_\_\_ Date \_\_\_\_\_  
Have you ever been ordained? Yes / No If yes, by whom? \_\_\_\_\_ Date \_\_\_\_\_  
Are the above credentials current? Yes / No  
If Yes, Please ATTACH a copy  
If no, when did they expire and state reason for non-renewal? \_\_\_\_\_  
\_\_\_\_\_
13. Have you ever had credential revoked or suspended? Yes / No  
If Yes, Please ATTACH an explanation of the circumstances.
14. ATTACH a statement of your reasons for wanting credentials with One New Man Gospel Ministries.
15. What local Congregation are you presently affiliated?  
Church/Synagogue \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Rabbi/Pastor's Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_
16. Field of Ministry you are presently engaged in Apostolic Prophetic Evangelism  
Teacher Pastor Asst./Assoc. Pastor Missionary Chaplain Youth Ministry  
Children's Ministry/Director Administrator Shabbat/Church School Rabbi  
Other (describe) \_\_\_\_\_
- Activity Level Full-time Part-time Inactive Retired
17. How long have you been serving in this ministry? \_\_\_\_\_

18. Approximately what percentage of your income is derived from ministry? \_\_\_\_\_%  
If you have employment outside of your ministry, please describe \_\_\_\_\_  
\_\_\_\_\_

19. Please request two (2) ordained ministers to complete Confidential Questionnaire.  
Instruct them to return the form directly to One New Man Gospel Ministries in the  
envelopes provided.

Please provide names and addresses below for our information.

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

20. Please state your ministry vision below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

If my application for credentials is accepted, as the Lord enables, I agree:

1. To live an upright life before God and people according to the Holy Word of God.
2. To evangelize the lost, both Jew and Gentile.
3. To uphold the standards, purposes, and vision of the constitution and by-laws of One New Man Gospel Ministries, Inc.
4. To maintain my ministry dues in support of this ministry.

By signing below, I have read and am in full agreement with the by-laws and constitution of One New Man Gospel Ministries, Inc.

Please remit with your application (s) the non-refundable application fee of \$50 per applicant.

You will be contacted by the credential committee regarding your acceptance. Upon your acceptance, you are required to submit the balance due on your annual dues. Annual dues are \$250 per individual, and \$400 per married couple. Upon receipt of the **balance** (\$200 per individual and \$300 per couple) your credential certificate will be mailed to you.

PLEASE NOTE: CREDENTIALS ARE RENEWABLE ANNUALLY IN JANUARY

The information provided on this application is accurate and complete.

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

OFFICE USE	
Reviewed by: _____	Date _____ <input type="checkbox"/> approved <input type="checkbox"/> disapproved
Comments: _____	
Reviewed by: _____	Date _____ <input type="checkbox"/> approved <input type="checkbox"/> disapproved
Comments: _____	

ONE NEW MAN GOSPEL MINISTRIES, INC.  
*A Habitation of God by the Spirit*