

NEW CREATIONS CHAPEL, INC.

PO Box 777
Richmond, Indiana
47375

MINISTER'S RECOMMENDATION

Name of applicant:

Last

First

Middle

The above named person is applying for Ministerial Credentials with New Creations Chapel, Inc. of Richmond, Indiana. The questions listed below should be answered honestly and correctly, for serious consideration will be given to your answers.

Our files are kept confidential, so please fill out this form to the best of your ability and return it to our office in the envelope provided.

1. How long have you known the above person? _____ years.
2. Has your relationship been: Intensive __ Very Close __ Close__ Casual__ Intermittent__?
Distant__ Other_____
3. What has been the nature of your acquaintance? Were you:
Church: Pastor__ Sunday School Teacher__ Choir Director__ Co-worker__
Fellowship__ Other_____
Social: Friend of the family__ Personal Friend__ Neighbor__
Other _____
4. To your knowledge, does this individual have a definite call to the ministry?
Yes__ No__ Do not know____
Comments: _____

5. To your knowledge, is applicant currently involved in active ministry? Yes__ No__
Do not know__
6. Pulpit Experience/Preaching and Teaching:
Well experienced__ Light experience__ No Experience__ Do not know ____.
7. Ability to work (In the ministry).
Very industrious, does more than required__ Satisfactory work ability__
Enough to get by__ Does not meet minimum requirements__ Do not know__
8. Stability/Ability to withstand pressure:
Tolerates pressure well__ Average tolerance/usually remains calm__

Easily irritated___ Cannot handle pressure___ Do not know___
MINISTER'S RECOMMENDATION, CONT.

9. Personal Organization:

Conscientious, tidy and clean___ Fairly neat___ Tends to be disorderly___
Disorderly and untidy___ Do not know___

10. Response/Attitude to Authority:

Helpful and cooperative___ Usually responsive___ Resentful of authority___
Not cooperative/very resentful___ Do not know___

11. Emotional Stability:

Self-controlled and mature___ Usually stable___ Moody and changeable___
Many uncontrolled periods/unstable___ Do not know___

12. From your knowledge of applicant's general character, past record, and present behavior, check any of the following which apply:

Uses tobacco___ Gambles___ Drinks alcoholic beverages___ Has been involved in
serious community disturbances___ Has been arrested for other than minor traffic
violations___ Has a reputation for involvement in behavior indicating serious
moral weakness___

13. Having observed this person in the ministry, would you:

Highly recommend___ Recommend ___ Recommend with reservations___
Please list reservations

Not recommended___

I do not know enough about his/her ministry to make a valid recommendation___

14. Please give us your personal comments on the integrity of the applicant to aid us in our decision making.

1 Corinthians 12:28, KJV *“And God hath set some in the church, first apostles, secondarily prophets, thirdly teachers, after that miracles, then gifts of healings, helps, governments, diversities of tongues.”*

15. Do you recognize the applicant as having a Ministers calling of:

Administrative Minister ___ Helps Minister ___ Prayer Minister ___ Youth Minister ___
Children’s Minister ___ College Minister ___ Music Minister ___ Healing Minister ___
Chaplain ___ Minister of Holy Ghost Gifts ___

16. Please explain why you checked any above. _____

MINISTER'S RECOMMENDATION, CONT.

Ephesians 4:11, KJV *“And he gave some, apostles; and some, prophets; and some, evangelists; and some, pastors and teachers;”*

17. Do you recognize the applicant as being called of God and having any of the Five Fold Ministry's callings?

Apostle ___ Prophet ___ Evangelist ___ Pastor ___ Teacher ___

18. Please explain why you believe the applicant has a Five Fold Ministers calling.

Name _____ Signature _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Age 18-25__ 26-35__ 36-50__ 51 & over__

Ministry Name _____

Your Position _____
