



New Creations Chapel Inc.

PO Box 777

Richmond, IN 47375

**PERSONAL REFERENCE QUESTIONNAIRE
(CONFIDENTIAL)**

Dear Christian Friend:

We have received an application from _____ for (MINISTER
IN RAINING; LICENSE; ORDINATION) credentials.

Your name has been given as a reference, please fill out this form and return to this
Church Office as soon as possible. Thank you!

1. How long have you known the applicant? _____.

2. Have you had real fellowship? _____.

3. Are you a relative? _____.

4. Do you believe the applicant is Called of God? _____.

5. Would you consider the applicant to be:

Sound in doctrine? _____ Spiritually mature? _____

Able to work well with others at close range? _____

Able to Minister the Word effectively? _____

Strictly honest and trustworthy? _____

Able to manage his or her financial affairs with discretion? _____

Prompt in paying debts? _____

Faithful and loyal to pastor and church? _____

Willing to submit to authority? _____

Filled with the Holy Ghost? _____

Burdened for the lost? _____

6. Do you feel the applicant will be able to fulfill the calling wherein he or she is
applying? _____ Why?

PERSONAL REFERENCE QUESTIONNAIRE CONT.

Are you a minister? _____ Signature _____

Date: _____ Email Address: _____

Church or Organization affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail to: New Creations Chapel, Inc. ~ P O Box 777, Richmond, IN 47375