

# **INTERNATIONAL HOUSE OF PRAYER**

**CARTERSVILLE, GEORGIA**

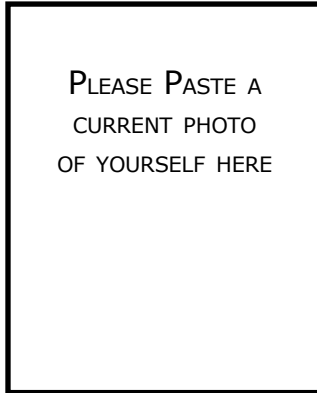
**INTERNSHIP PROGRAM  
APPLICATION PACKET**

# INTERNSHIP APPLICATION

WWW.IHOPCARTERSVILLE.COM  
CARTERSVILLE, GA

## PERSONAL/FAMILY INFORMATION

DATE: \_\_\_\_\_



NAME \_\_\_\_\_

FIRST

MIDDLE

LAST

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

BIRTH DATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

US CITIZEN

US NATIONAL  LEGAL PERMANENT RESIDENT

LEGALLY IN US?

TYPE OF VISA \_\_\_\_\_

IN CASE OF AN EMERGENCY, WHOM MAY WE CONTACT?

PRIMARY CONTACT: \_\_\_\_\_

HOW IS THIS PERSON RELATED TO YOU? \_\_\_\_\_

WHAT IS THE BEST WAY TO CONTACT THEM? PHONE (     ) \_\_\_\_\_-\_\_\_\_\_.

SECONDARY CONTACT: \_\_\_\_\_

HOW IS THIS PERSON RELATED TO YOU? \_\_\_\_\_

WHAT IS THE BEST WAY TO CONTACT THEM? PHONE (     ) \_\_\_\_\_-\_\_\_\_\_.

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

**PERSONAL TESTIMONY**

PLEASE SHARE YOUR TESTIMONY, INCLUDING THE HIGHS AND LOWS OF YOUR LIFE. WE ENCOURAGE YOU TO SHARE SOME OF THE NEGATIVES (PRESSURES, DIFFICULTIES AND WEAKNESSES) THAT STILL AFFECT YOU TODAY, IN ORDER TO HELP US UNDERSTAND YOU. INCLUDE AT LEAST A PARAGRAPH ON YOUR PASSION FOR PRAYER. THE TESTIMONY SHOULD BE ONE TO TWO PAGES, TYPED ON SEPARATE PAPER AND STAPLED TO THE APPLICATION.

**YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT YOUR TESTIMONY**

WHEN DID YOU COME TO KNOW JESUS CHRIST AS YOUR PERSONAL LORD AND SAVIOR?

---

---

---

**Your Marital Status** (SINGLE, DATING, ENGAGED, MARRIED, SEPARATED/ DIVORCED)

---

**IF YOU ARE CURRENTLY DATING PLEASE ANSWER THE FOLLOWING QUESTIONS**

**A.** ARE YOU AWARE THAT THERE IS A NO DATING POLICY IN THE INTERNSHIP? \_\_\_\_\_

**B.** PLEASE EXPLAIN HOW YOU PLAN ON ADJUSTING TO FACILITATE YOUR TIME OF CONSECRATION IN THE INTERNSHIP.

---

---

---

**C.** IS THE PERSON YOU ARE CURRENTLY DATING IN AN INTERNSHIP OR PROGRAM AT IHOP OR ATTENDING ONE THE SAME TIME AS YOU PLAN TO BE HERE? \_\_\_\_\_

**D.** HOW DOES YOUR FAMILY/SPOUSE FEEL ABOUT YOU BECOMING AN IHOP INTERN?

---

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

---

---

**E. TELL US ABOUT YOUR FAMILY** (IMMEDIATE FAMILY: SPOUSE, CHILDREN; PARENTS: MARRIED, SEPARATED, DIVORCED, DECEASED; SIBLINGS, WHO ARE YOU CLOSEST TO AND WHY, WHO ARE YOU MOST LIKE).

---

---

---

**HEALTH INFORMATION**

PLEASE CHECK IF YOU HAVE HAD ANY OCCURRENCES (FROM MILD TO SEVERE) OF THE FOLLOWING:

- |   |   |
|---|---|
| <input type="checkbox"/> ADD                                    | <input type="checkbox"/> Alcohol Abuse  |
| <input type="checkbox"/> Mild Depression                        | <input type="checkbox"/> Drug Abuse (including cigarettes & prescription drugs) |
| <input type="checkbox"/> Chronic Depression                     | <input type="checkbox"/> On-going Medication-type_____                          |
| <input type="checkbox"/> Chronic Fatigue Syndrome               | <input type="checkbox"/> Eating Disorders(Bulimia, Anorexia, Diet Obsessive)    |
| <input type="checkbox"/> Chronic Pain                           | <input type="checkbox"/> Allergies -type_____                                   |
| <input type="checkbox"/> Insomnia (or other sleeping disorders) | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Snoring                                | <input type="checkbox"/> Diabetes   |
| <input type="checkbox"/> Other: _____                           | <input type="checkbox"/> Seizures   |

IF ANY OF THE PREVIOUS ITEMS WERE CHECKED, PLEASE COMMENT:

---

---

---

IF YOU HAVE ANY COMMUNICABLE DISEASES, PLEASE LIST:

---

DO YOU HAVE ANY PHYSICAL DISABILITIES OR CONDITIONS THAT REQUIRE SPECIAL CARE? (IF YES, PLEASE EXPLAIN)\_\_\_\_\_

---

DO YOU HAVE HEALTH INSURANCE? \_\_\_\_\_ IF SO LIST COMPANY & POLICY & GROUP #

---

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

PLEASE TELL US IF YOU HAVE HAD OR HAVE ANY LIFE-CONTROLLING  
(MENTAL, EMOTIONAL, AND/OR RELATIONAL)  
ISSUES \_\_\_\_\_

HAVE YOU EVER SOUGHT HELP FOR PSYCHOLOGICAL PROBLEMS?  
(SEXUAL, EMOTIONAL, RELATIONAL) \_\_\_\_\_

IF SO, PLEASE DESCRIBE WHEN, WITH WHOM; FOR WHAT \_\_\_\_\_

YEAR \_\_\_\_\_ CAREGIVER(S) \_\_\_\_\_ IDENTIFIED PROBLEM \_\_\_\_\_

ARE YOU, OR HAVE YOU EVER BEEN, ON MEDICATION RELATED TO PSYCHOLOGICAL PROBLEMS?

\_\_\_\_\_  
\_\_\_\_\_

IF SO, PLEASE SPECIFY:

IF CURRENTLY ON MEDICATION PLEASE LIST AND DETAIL YOUR PLAN (FINANCIALLY) TO CONTINUE FOR THE DURATION OF THE INTERNSHIP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER ATTEMPTED OR CONSIDERED SUICIDE? IF SO, PLEASE DESCRIBE.  
(WHEN, HOW TREATED, ETC.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU CURRENTLY WRESTLE WITH SUICIDAL THOUGHTS?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL/ OCCUPATIONAL BACKGROUND**

PLEASE LIST SENIOR HIGH SCHOOL AND INSTITUTIONS OF HIGHER EDUCATION THAT YOU HAVE ATTENDED.

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

<b>NAME</b>	<b>CITY</b>	<b>STATE</b>	<b>DATES ATTENDED</b>
_____ / _____ / _____ / _____ / _____			
_____ / _____ / _____ / _____ / _____			
_____ / _____ / _____ / _____ / _____			

**DEGREES EARNED** \_\_\_\_\_

**PLEASE LIST THREE PREVIOUS PLACES OF EMPLOYMENT**

Employed by: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ - \_\_\_\_\_

Employed by: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ - \_\_\_\_\_

Employed by: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE (    ) \_\_\_\_\_ - \_\_\_\_\_

Do you have a criminal record? \_\_\_\_\_

If yes, please include details typed on a separate sheet of paper.

Please list any special trades or skills in which have been trained.

\_\_\_\_\_

\_\_\_\_\_

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

List some of your hobbies and interests and additional skills:

---

---

**MINISTRY EXPERIENCE**

ARE YOU CURRENTLY INVOLVED IN A LOCAL CHURCH?  YES  NO  
*(IF NO, PLEASE EXPLAIN IN TESTIMONY)*

PREVIOUS CHURCH INVOLVEMENT (LIST MOST RECENT FIRST):

CHURCH NAME \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
DATES ATTENDED \_\_\_\_\_ SR. PASTOR'S NAME \_\_\_\_\_

CHURCH NAME \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
DATES ATTENDED \_\_\_\_\_ SR. PASTOR'S NAME \_\_\_\_\_

CHURCH NAME \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_  
DATES ATTENDED \_\_\_\_\_ SR. PASTOR'S NAME \_\_\_\_\_

DETAILS OF CHURCH BACKGROUND

---

---

---

PREVIOUS MINISTRY TRAINING AND INVOLVEMENT

---

---

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

	<b>Uncertain/ not observed</b>	<b>Weak</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Outstanding</b>
SPIRITUAL MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEVOTION TO CHRIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRITY AND HONESTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPENNESS TO CORRECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-DISCIPLINE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLINGNESS TO SERVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK W/OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COURTESY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEACHABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would you consider to be your gifts and talents (spiritual and natural)?

---



---



---

WHAT WOULD YOU CONSIDER YOUR WEAKNESSES?

---



---

**INTERNSHIP SPECIFICS**

What led you to consider coming to Cartersville, Georgia for the International House of Prayer Internship?

---



---



---



---

**If you are a singer please list your level of experience in the following areas:**

	None	Minimal	Average	Moderate	Proficient	Long	Expert
<b>Length of vocal lessons</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Experience with live band</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Performance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proficiency with your voice</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Describe what aspect of ministry at IHOP—you are most interested in:

(If you play multiple instruments please answer the following questions for every instrument you play on a separate sheet of paper)

**If you are a musician please list your level of experience in the Following areas:**

	None	Minimal	Average	Moderate	Proficient	Long	Expert
<b>Sight Reading</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Playing by ear</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading Notes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading Chords</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Reading Chords</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Length of taking lessons</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Experience with a live band</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proficiency on your instrument</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

The internship consists of a 36 hour weekly schedule. Do you foresee any difficulties with this type of schedule?

---

Do you plan on bringing a vehicle to the internship? \_\_\_\_\_

Do you currently have any on-going debt? \_\_\_\_\_

---

---

If yes, please explain, in detail, your plans for managing it while you are in the internship. \_\_\_\_\_

---

---

How do you plan on paying for the full tuition amount?

---

---

Your tuition provides teaching and training materials. It does not provide for transportation, gas, insurance, room and board, clothing, laundry, personal expenses or entertainment money. How do you plan to support yourself apart from the tuition?

---

---

**INTERNATIONAL HOUSE OF PRAYER – Cartersville, GA  
PASTORAL RECOMMENDATION FORM**

---

Last name of Applicant

First name of Applicant

Email address \_\_\_\_\_

*To the Applicant:*

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

**You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee.**

*Please note: failure to indicate a choice is the same as checking the "I do not waive" box.*

- I waive my right to see this character reference.
- I do not waive my right to see this character reference.

***To the Pastoral Reference:***

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other church officer may act as pastoral reference. Please **return the form directly to the applicant** in a sealed envelope. If you have any questions, please email us. Thank you for your involvement in this important phase of the applicant's life.

Your Name \_\_\_\_\_

Church Name \_\_\_\_\_

Your Position \_\_\_\_\_

Address \_\_\_\_\_

Church Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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

How long have you known the applicant? \_\_\_\_\_

How well?  
*(check all that apply)*

<input type="checkbox"/>	Very Well
<input type="checkbox"/>	Fairly Well
<input type="checkbox"/>	Casually
<input type="checkbox"/>	By Name/sight

***Pastoral Recommendation***

Has the applicant served your congregation in any capacity? \_\_\_\_\_

If so, please give a brief description

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INTERNATIONAL HOUSE OF PRAYER CARTERSVILLE GA**

What are the strengths and spiritual gifts of the applicant according to your observations?

---



---



---

PLEASE ASSESS THE APPLICANT’S LEVEL OF INVOLVEMENT IN YOUR CHURCH (*check all that apply*).

<input type="checkbox"/>	Attends Regularly	<input type="checkbox"/>	Attends Irregularly
<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	Involved
<input type="checkbox"/>	Interested	<input type="checkbox"/>	DISTANT
<input type="checkbox"/>	Involved	<input type="checkbox"/>	Enthusiastic
	Willing to Help	<input type="checkbox"/>	Other

HAS THE APPLICANT SERVED YOUR CONGREGATION IN ANY CAPACITY? \_\_\_\_\_

IF SO, PLEASE GIVE A BRIEF DESCRIPTION.

---



---



---

WHAT ARE THE STRENGTHS AND SPIRITUAL GIFTS OF THE APPLICANT ACCORDING TO YOUR OBSERVATIONS?

---



---



---



**Pastoral Recommendation**

COMMENTS ON ANY OF THE ABOVE:

---

---

ARE THERE ANY COMPLEX *family* OR *relational factors* WHICH MIGHT AFFECT THE APPLICANT'S SERVICE IN THE INTERNATIONAL HOUSE OF PRAYER INTERNSHIP?

---

---

---

THE INTERNSHIP CONSISTS OF A 36 HOUR WEEKLY SCHEDULE. DO YOU FORESEE ANY DIFFICULTIES IN THE RESPONSE OF THE APPLICANT TO THIS TYPE OF SCHEDULE?

---

---

---

WOULD YOU HAVE THE APPLICANT ON YOUR STAFF?  Yes  No

WHY OR WHY NOT?

---

---

---

RECOMMENDATION OF THIS APPLICANT FOR THE INTERNATIONAL HOUSE OF PRAYER INTERNSHIP:

HIGHLY RECOMMEND  RECOMMEND  RECOMMEND WITH RESERVATIONS\*  DO NOT RECOMMEND\*

\*PLEASE COMMENT \_\_\_\_\_

---

---

---

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INTERNATIONAL HOUSE OF PRAYER – Cartersville, GA**

## PERSONAL RECOMMENDATION FORM

\_\_\_\_\_  
Last name of Applicant

\_\_\_\_\_  
First name of Applicant

\_\_\_\_\_  
Email address

*To the Applicant:*

**You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee.**

*Please note: failure to indicate a choice is the same as checking the "I do not waive" box.*

- I waive my right to see this character reference.
- I do not waive my right to see this character reference.

***To the Reference:***

This recommendation form is to be completed by the reference. Please **return the form directly to the applicant** in a sealed envelope. If you have any questions, please email us. Thank you for your involvement in this important phase of the applicant's life.

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Church Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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

How long have you known the applicant? \_\_\_\_\_

How well?  
*(check all that apply)*

<input type="checkbox"/>	Very Well
<input type="checkbox"/>	Fairly Well
<input type="checkbox"/>	Casually
<input type="checkbox"/>	By Name/sight



Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teachability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Personal Recommendation**

COMMENTS ON ANY OF THE ABOVE:

---



---

ARE THERE ANY COMPLEX *family* OR *relational factors* WHICH MIGHT AFFECT THE APPLICANT'S SERVICE IN THE INTERNATIONAL HOUSE OF PRAYER INTERNSHIP?

---



---



---

THE INTERNSHIP CONSISTS OF A 36 HOUR WEEKLY SCHEDULE. DO YOU FORESEE ANY DIFFICULTIES IN THE RESPONSE OF THE APPLICANT TO THIS TYPE OF SCHEDULE?

---



---



---

RECOMMENDATION OF THIS APPLICANT FOR THE INTERNATIONAL HOUSE OF PRAYER INTERNSHIP:

HIGHLY RECOMMEND  RECOMMEND  RECOMMEND WITH RESERVATIONS\*  DO NOT RECOMMEND\*

\*PLEASE COMMENT \_\_\_\_\_

---

---

---

---

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### **Application Process**

The application has several components, we require that you ***send in all components together in one packet.***

- a. Application Form
- b. Photograph
- c. Personal testimony, one to two pages typed, including:
  - *Your personal journey in Christ*
  - *Any past or present life-controlling (mental, emotional, relational) issues*
  - *Emotional health*
  - *Goals for the future; vision for life and ministry*
  - *Expectations for your time in the training program*
  - Pastoral Recommendation
  - Personal Reference
  - **\$25.00** non-refundable application fee.

Make checks payable to the International House of Prayer– Cartersville (IHOP Cartersville) with applicant's name in the memo.

**REMEMBER:** All six components must be sent in together.

- Send the application packet to:  
**IHOP–Cartersville Internship**  
416 Grassdale Rd. Ste E  
Cartersville, GA USA 30121  
ATTN: Mary Abernathy

### **Cost Information:**

3 month internship

Detailed Cost

Deposit (deducted from total cost of internship fees)	<b>\$100.00</b>
Total Cost	<b>\$500.00</b>

Upon receiving your application, we will contact you via email or telephone to set up a time to do a phone interview with you. In most cases we will notify you of your acceptance within 30 days of the interview (phone, personal, etc.). Upon acceptance into the IHOP Internship, you will receive an e-mail, letter of acceptance and/or phone call.

## General Internship Guidelines

**Teachability:** One of the most important requirements for acceptance is that each applicant has a teachable spirit. Applicants do not need to be perfect, just willing to learn.

**Dating:** During the internship in Cartersville, dating is not permitted. The purpose of the internship is to give oneself to God without any distractions. This time is to be utilized to further establish a standard of intimacy with Jesus that will last a lifetime. We're confident that when you separate yourself you will find that the reward far outweighs the sacrifice.

**Vacation:** There are no personal breaks during the internship. Examples: weekend trips, family reunions, graduations, weddings, concerts, any other personal events, etc. We ask that the internship is valued as an uninterrupted season of consecration.

**Health Insurance:** Each applicant should provide his or her own health insurance coverage. IHOP Internship program will not be able to cover hospitalization and/or visits to the doctor.

**Vehicle:** We recommend that each student have access to a reliable vehicle throughout the term. All interns who do not have a vehicle are still held responsible for their own transportation needs (i.e. punctuality to meetings, class, etc.). You are responsible to insure your vehicles as required by Georgia state law.

**Personal expenditures:** Each intern must have sufficient funds to cover any personal expenses that they may incur throughout the term. Since interns will not be allowed to seek outside employment due to time commitments during their stay, it is advised that each student would have at least \$25 in personal spending money per week (to cover car, laundry, additional food, and any other personal expenses).

**Working:** Interns are not allowed to hold a job during an IHOP Internship.

### **Cartersville IHOP Foundational Commitments All IHOP Staff & Interns**

IHOP acknowledges our call to live worthy of the Gospel. We understand that the imposition of external "rules of behavior" is not our ideal to motivate people to holiness. Our motivations for holiness are love for Jesus and people, not the pressure of imposed rules. However, in the spirit of Galatians 3:21-23, we recognize the need for standards set in place until the character of Christ is formed in us as articulated in the Sermon on the Mount (Matt 5-7). It is in this spirit that we affirm the following:

*IHOP Cartersville is a community of believers who have committed themselves to Jesus as Lord to live as forerunners in the spirit of John the Baptist, preparing the way for the second coming of Jesus Christ. This commitment governs the way we live our private lives and the way we relate to others. The IHOP community seeks to witness to authentic Christian discipleship by living with integrity, purity and love.*

*The IHOP community asks all its staff members (both full-time and associate) to commit to live counter to the prevailing moral laxity of our society by not participating in or condoning sexual activity outside of marriage and to refrain from the public or social\* use of alcoholic beverages, illegal drugs, tobacco and gambling. We believe that it is an essential commitment in view of our calling as a community to reach young adults.*

**\* "public or social" is defined here as a gathering that involves or may influence anyone outside the context of immediate family members.**

Please acknowledge your agreement with the following statements by **initialing** each of the boxes and signing your name:

- I have read and agree with the Internship Vision Statement and Guidelines.
- I have read and agree with the IHOP Vision Statement
- I have read and agree with the IHOP Statement of Faith
- I understand that I am to have a foundational knowledge of the basics of the Christian faith.
- I have read and agree with the Internship Guidelines for the internship and the Missions Base Foundational Commitments.
- I understand that I will be expected to minister to the Lord in and through serving others.
- I understand that I must secure contributions sufficient to cover my non-tuition expenses and provide support from my own resources.
- I understand that the internship is a part of a much larger movement which is in constant transition and change that may affect my experience.
- I declare that I have provided to the best of my knowledge and belief that the facts presented to support my application are true, correct and complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE