



## **IHOP Atlanta “The Watch” Internship Application**

*“I have posted watchmen on your walls Jerusalem; they will never be silent day or night...”*

*Isaiah 62:6*



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All forms (except reference forms) to be filled out by The Watch Internship applicant only.

Once complete, please mail all documentation and application fee to:

IHOP Atlanta  
 The Watch Internship  
 1625 Collins Hill Road  
 Lawrenceville, GA 30043

Please e-mail any questions regarding this application to [thewatch@ihop-atlanta.com](mailto:thewatch@ihop-atlanta.com)

## Application Process Simplified:

IHOP Atlanta Internships  
 1625 Collins Hill Road  
 Lawrenceville, GA 30043

[thewatch@ihop-atlanta.com](mailto:thewatch@ihop-atlanta.com)  
[www.ihop-atlanta.com](http://www.ihop-atlanta.com)  
 678.325.0596



I. The application packet has nine components.

- 1) Application Form
- 2) Personal Photograph
- 3) Your 1-2 page personal testimony, typed (*See application for instructions*)
- 4) Background Check Release Form
- 5) Gifting & Experience Form
- 6) Musician / Singer Information
- 7) \$50.00 **non-refundable** application processing fee (Make check payable to “IHOP Atlanta” with “The Watch Internship” in the memo line)
- 8) Pastoral Recommendation Form (To be mailed by your Pastor)
- 9) Personal Reference Form (To be mailed by your Reference)

II. Above items 1-7 must be sent by the applicant to the following address in one envelope:

IHOP Atlanta  
The Watch Internship  
1625 Collins Hill Road  
Lawrenceville, GA 30043

III. The **application deadline** is **four weeks prior to the start date** of the internship. Applications must be post-marked by the application deadline in order to be considered for acceptance. Exceptions apply, please email: [thewatch@ihop-atlanta.com](mailto:thewatch@ihop-atlanta.com)

IV. Upon reviewing your application, we will contact you by e-mail or telephone to set up a time for a phone interview with you. Then, we will notify you of your acceptance within thirty days of the interview.

V. Upon acceptance into The Watch Internship at IHOP Atlanta, you will receive a letter of acceptance by mail or e-mail.

VI. A \$200.00 non-refundable housing deposit is due within 2 weeks of receiving your acceptance confirmation

VII. The remaining \$1800.00 is due before or at registration. This amount may be paid in cash, by check, or by money order. IHOP cannot be responsible for cash lost in the mail, for this reason, please bring all cash payments to accounting in person.

### The Watch Internship Guidelines

## The Watch Application

## International House of Prayer Atlanta



**Teachability:** One of the most important requirements for acceptance into The Watch Internship is that the applicant should have a teachable spirit. Each intern should be willing to receive instruction from teachers with a desire for truth, even challenging truths, and a willingness to study it out to form a personal belief regarding what has been taught (Isaiah 1:18, Proverbs 2). Teachability also runs into community life and each intern should be willing to submit to the correction and instruction of the Watch leadership team without offense (Heb. 13:7).

**Dating:** During the 3 month internship in Atlanta, dating is not permitted for interns. The purpose of the Watch Internship is to give oneself to God without any distractions. This time is to be utilized to further establish a standard of intimacy with God that will last a lifetime. We are confident that when you separate yourself unto the LORD during this season, your reward will far outweigh the sacrifice.

**Vacation:** With the exception of break times scheduled by the Watch leadership, and those agreed upon by the Internship Director with individual interns prior to the start of the program, additional personal vacations will not be permitted during the internship. Examples of such vacations include: family reunions, graduations, weddings, concerts, other personal events, etc. Attendance during all scheduled Watch hours is required in order to remain in the program. The Internship is to be valued as a season of consecration unto the Lord. Exceptions will be made for illnesses and family emergencies.

**Health Insurance:** Each applicant should provide for his or her own health insurance coverage. Neither IHOP Atlanta nor the Internship program will be able to cover hospitalization and/or visits to a physician or other health professional.

**Vehicle:** Since the scheduling of ministry assignments are both frequent and varied, each intern must provide their own reliable transportation for the duration of The Watch Internship. Exceptions are possible with prior approval. All interns who do not have a vehicle are still held responsible for their own transportation needs (i.e., punctuality to meetings, classes, etc.).

**Vehicle Insurance:** Liability insurance is required for every vehicle in the State of Georgia. If you are from another state or country, it will be your responsibility to ensure that your vehicle is adequately insured during your stay in Atlanta.

**Laptop Computers:** Much of the day-to-day communication in the IHOP Atlanta community takes place over the internet through e-mail. It is highly recommended that interns have a laptop computer (no desktop computers) in order to journal, study and communicate. We have found that a laptop is a useful part of individuals' ongoing study of the Scriptures. Laptops should have a wireless network card and a Bible study program.

**Attendance:** Attendance during all scheduled interns hours is required in order to remain in the program. Exceptions will be made for illnesses and family emergencies.

**Finances:** Because The Watch Internship requires a heavy time commitment, **interns will not be permitted to seek outside employment during the internship.** For this reason, each Watch participant must have sufficient funds to cover any personal expenses that they may incur throughout the duration of the 3 month program. The total amount needed will vary depending on each participant's personal preferences, financial obligations, and spending habits. It is advised that each intern would have at least \$30.00 of personal spending money per week. Watch participants will be required to purchase their own gasoline, food, class supplies (except text books), and cover their own outside expenses (health insurance, cell phone payments, car insurance, etc.). Please assess these things as you prepare to come to the Watch and plan accordingly.

## The Watch Cost Information

IHOP Atlanta Internships  
1625 Collins Hill Road  
Lawrenceville, GA 30043

thewatch@ihop-atlanta.com  
www.ihop-atlanta.com  
678.325.0596



**A.** The total cost for the Watch Internship is **\$2,050.00**. Interns need to bring 100% of this amount to registration on the internship start date.

**Breakdown of Tuition Costs and Payment Deadlines:**  
(applications no later than 4 weeks prior to start date)

**Application Fee (non-refundable).....\$50.00**  
This application fee is due when the application is sent. Required for processing.

**Internship Deposit (non – refundable).....\$200.00**  
This deposit is due within 2 weeks after your acceptance into the internship. It confirms your intent to attend the internship, and secures your place in IHOP-Internship housing.

**Tuition Fee.....\$ 1800.00**  
All tuition is due before or on the internship start date. It includes costs for the internship tuition, 3 months rent, utilities, basic household supplies, Ministry School Classes, conferences, text books and printing fees.

**TOTAL.....\$2050.00**

**B. Refund Schedule:** Refunds on the tuition fee is as follows (less the application fee and non-refundable deposit):

<b>Dismissal:</b>	<b>Amount of Tuition Refunded*</b>
Attend Days 1 - 3	\$1,300
Attend Days 4 - 7	\$1000
Attend Days 8 - 11	Up to \$500
Attend Days 12 - 14	Up to \$250
15 Days & later	\$0

\* The cost of any damage caused by a dismissed intern to IHOP-Atlanta buildings or property, as well as damage to the personal property of any IHOP staff, family or community members, will be deducted from the amount of tuition refunded.



## Application Form for The Watch Internship at IHOP Atlanta

REQUIRED

Paste a recent  
photograph  
of yourself  
here

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First M.I.  
Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ SS#: \_\_\_\_\_

Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

If you are not a U.S. Citizen: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Passport Number Exp. Date

### Personal & Family Information

- Please type a one to two page personal testimony and attach it to the application. Include your personal journey in Christ, any past or present life-controlling issues you have struggled with (mental, emotional, relational, oppression, addictions, etc.), current assessment of your emotional health, goals for the future, vision for your life and ministry, and expectations for your time with IHOP-ATL. Include at least a paragraph on your passion for prayer. In order for us to understand you better, we encourage you to share the highs and lows of your life, as well as positives and negatives about yourself. With the exception of active addictions, information regarding pressures, difficulties and weaknesses that still affect you will by no means disqualify you from being accepted into the Watch.

**Your application will not be processed without your testimony.**

- Father or Guardian: \_\_\_\_\_ [  ] Living [  ] Deceased  
 Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_
- Mother or Guardian: : \_\_\_\_\_ [  ] Living [  ] Deceased  
 Address: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_
- Your Marital Status:    Single        Engaged        Married        Separated        Divorced



5. Tell us about your family. Please include your parents' relationship (unmarried, married, separated, divorced, deceased), siblings you are closest to and why, who you are most like in your family, etc. You may either type your answer out or use this blank page of the application.

**The Watch Application**

**International House of Prayer Atlanta**



6. Please list senior high school and institutions of higher education you have attended.

Name & Location	Dates Attended	Degree Attained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Please list employment for the past five years.

Name & Location	Dates Employed	Type of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. When did you become a Christian? \_\_\_\_\_

9. Details of church background [Please include name(s), denomination(s), date(s)]

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

10. Are you currently involved in a local church? [  ] Yes [  ] No (please explain)

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

11. In your current local church, how long you have been attending and what are your areas of current involvement?

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

12. History of previous ministry involvement:

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





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

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14. What would you consider to be your personal weaknesses?

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15. List some of your hobbies and interests:

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16. Do you have a vehicle to bring to the internship?     Yes  No

17. What led you to come to IHOP- Atlanta for The Watch Internship?  
(How did you hear about us? What events led you to apply as an intern? Why do you want to come?)

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18. How would you like to be involved with the International House of Prayer-Atlanta?  
(Intercessor, Singer, Musician, Worship Leader? If worship leader, what instrument(s) do you play?)

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19. Interns live in a dorm-style housing situation. Do you foresee any difficulties with this type of situation?  
If so, how do you plan on handling it?

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20. How do you plan on paying the full tuition amount?



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21. Your tuition provides for housing, teaching and training materials. (It does not provide food, gas, insurance, clothing, laundry, personal expenses or entertainment money.) How do you plan to financially support yourself apart from the tuition?

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22. How does your family feel about you coming to IHOP Atlanta and doing an internship?

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23. Have you ever attempted or considered suicide? If so, when? Comment on the event(s) here:

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24. Do you have any physical disabilities or considerations that require special care? (Please explain)

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25. Please tell us if you have had or have any life-controlling issues. (addiction, mental, emotional and/or relational)

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26. In case of an emergency, whom may we contact?



Emergency Contact's Name

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Number

(\_\_\_\_\_) \_\_\_\_\_  
Work Phone Number

Emergency Contact's Relationship to Applicant

27. Please assess yourself in the following areas:

Personal Assessment Areas	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity						
Devotion to Christ						
Integrity & Honesty						
Openness to Correction						
Self - Discipline						
Willingness to Serve						
Ability to Work With Others						
Communication Skills						
Courtesy						
Leadership Skills						
Reliability						
Teachability						
Emotional Stability						
Physical Health						
Family Life						

Comments on any of the above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check if you have had any occurrences (minimal to maximal) of any of the following:

<input type="checkbox"/>	ADD	<input type="checkbox"/>	Alcohol Abuse
<input type="checkbox"/>	Mild Depression	<input type="checkbox"/>	Drug Abuse (include cigarettes & prescription drugs)
<input type="checkbox"/>	Chronic Depression	<input type="checkbox"/>	Pain Killers
<input type="checkbox"/>	Chronic Fatigue Syndrome	<input type="checkbox"/>	Eating Disorders (Bulimia, Anorexia, Diet Obsessive)
<input type="checkbox"/>	Fibromyalgia	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Sleeping Disorder (Including Insomnia)	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	Snoring	<input type="checkbox"/>	Medical Allergies

Other: \_\_\_\_\_

If any of the above items were checked, please comment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

	I have read and agree with the IHOP Atlanta Statement of Faith ( <a href="http://www.ihop-atlanta.com">www.ihop-atlanta.com</a> )
	I understand that I am to have a foundational knowledge of the Christian faith and feel that I do
	I have read and agree with The Watch Internship Guidelines (See Internship Guidelines)
	I understand that I will be living in a dorm-style situation, and that I must function as a community member; respecting individuals and property, and participating in community cleaning and work projects actively.
	I understand that I will be expected to minister to the LORD and through serving others throughout the duration of the internship.
	I understand that I may not be employed during The Watch internship and, therefore, must secure finances sufficient to cover my tuition and non-tuition expenses in advance.
	I understand that The Watch Internship is part of a much larger movement which is in constant transition and change and that this may affect my experience

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

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date




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## Background Check Consent & Release

### International House of Prayer (IHOP) Atlanta Internships

**In connection with your application and anytime during your enrollment/employment at the International House of Prayer Atlanta, you authorize Midwest Backgrounds, Inc (“MBI”) to obtain and furnish reports from various agencies and organizations regarding your personal, residential, criminal, driving, lawsuit, education, character and reputation records and history any time during your term of your enrollment/employment with IHOP Atlanta.**

MBI DOES NOT INDEPENDENTLY ANALYZE, EVALUATE OR SUMMARIZE THE CONTENTS OF ANY SUCH REPORTS.

The amended Fair Credit Reporting Act (1997) requires that we inform you that a background check may be conducted as part of our enrollment/employment screening process and/or during enrollment/employment. The main objective of the background check is to verify information you provided on your application or during the interview process. **In the event that any report is utilized in making an adverse decision regarding your potential enrollment/employment, MBI will provide you with an address to obtain a copy of the information or report and a description in writing of your rights under the law prior to making such an adverse enrollment/employment decision.** We will provide you with the disclosure within five (5) business days of the date on which we receive your written request.

I hereby authorize and request all credit reporting agencies, circuit courts and their officers, officials and employees, state agencies and their officials and employees, local and state law enforcement agencies, federal law enforcement agencies, International law enforcement agencies, department of motor vehicle facilities, past/present employers and educational and banking institutions, labor and worker’s compensation departments, and any other agency or person having information relevant to my background for employment/ enrollment purposes, to release any and all information to the International House of Prayer Atlanta upon MBI’s request. I further release, hold harmless and agree to indemnify any of the foregoing from any and all liability, injury, damages, claims, demands, causes of action, suits, judgments and executions, whether sounding in tort, contract, equity or law, which I and my heirs, personal representatives, assigns, executors and administrators now have, or in the future may have, against any of the foregoing for providing the requested reports to MBI.

**CALIFORNIA SEARCHES:** Under Section 1786.22 of the California Civil Code, you have the right to request to MBI, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which MBI has previously furnished within the two-year period preceding my request. You may view the file maintained on you by MBI during normal business hours. You may also obtain a copy of this file upon submitting proper identification paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone. The information will be obtained by MBI Worldwide 101 N Park Ave, Suite 200, Herrin, IL 62948, (618) 942-8808.

**Please complete the release form on the following page and submit with your application.**



PLEASE TYPE OR PRINT LEGIBLY

Applicant Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street City State Zip County

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License # \_\_\_\_\_

State \_\_\_\_\_

SS#: \_\_\_\_\_ Male / Female (Circle One)

Race \_\_\_\_\_

**Home Addresses for the Past 7 Years:**

Street City State Country Date Mo/Year

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

**Previous Felony/Misdemeanor Criminal Convictions? \_\_\_\_ Yes \_\_\_\_ No**

*By law you are not obligated to disclose sealed or expunged records of conviction or arrest.*

Charge/Conviction County State Dates Mo/Year

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

By my signature below, I hereby authorize Midwest Backgrounds, Inc. to obtain my personal and criminal history. I hereby state that I have read this document in detail and clearly understand the terms and rights that I have granted to M.B.I. for the collection and release of the aforementioned information.

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

Please give Summary of Rights to applicant

© 2007 Midwest Backgrounds, Inc.



Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status:      Single              Married              Divorced              Widow/er

Highest Level of Education: High School AS              BS/BA MS/MBA      PhD      Other

Major / Discipline: \_\_\_\_\_

Please "X"	Gifting / Experience	Please Specify	Years of Experience
	Accounting / Financial		
	Administrative / Clerical		
	Bookstore		
	Computers (Microsoft, Excel, Access)		
	Construction / Maintenance		
	Counseling		
	Creative Writing		
	Dance		
	Dance / Drama / Production		
	Engineering		
	Event Planning / Coordination		
	First Aid / Certified EMT		
	Foreign Language		
	Grant Writing		
	Graphic Design		
	Home School Instructor		
	Housekeeping / Cleaning		
	Human Resources / Staffing		
	I.T. (Information Technology)		
	International Missions		
	Internship Management / Coordination		
	Journalism / Editing		
	Legal		
	Managerial		
	Marketing / Sales		
	Media		
	Medical		
	Nursery		
	Painting		
	Pastoral		
	Projection / PowerPoint		
	Sign Language		
	Sound Technician		
	Teaching – Adult learners		
	Teaching – Child learners (age 1-5)		
	Teaching – Child Learners (Age 6-12)		
	Teaching –College / Career		
	Tutoring		
	Typing (indicate wpm)		
	Web Development		



	Youth Ministry (age 12-18)		
	Other		

**Additional Comments:**





### Musician & Singer Information

*\* Being approved for instruments/vocals does not affect your acceptance into the program.*

We are looking for intercessors whose gifting flows out of a heart of worship:

- Our expectation for our worshippers is that we develop excellence of heart and skill, presenting our worship in a spirit of humility.
- Our desire is to be skillful in leading others into the offering of high praise to our God, of which praise He is so worthy. The development of these things takes time and dedication.
- We are committed to the journey of discovering the most effective ways that we can worship Him with overflowing hearts, dedication and skill.

After the first month of The Watch Internship, interns will have an opportunity to try out for worship teams and, if approved, may be invited to join an IHOP - Atlanta Worship Team. Live try-outs occur at IHOP Atlanta every other month. If you think you will be interested in trying out at some point during the internship, please fill out the following information.

Singer?  Yes  No

If so, describe your experience:

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Instrumentalist?  Yes  No

Instrument(s) \_\_\_\_\_

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If so, describe your experience:

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Have you led worship?  Yes  No

If so, describe your experience:

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Please acknowledge you agree with the following statements by checking the boxes provided.

I understand that I may need to have more training before singing/playing with an IHOP Atlanta Worship Team.



[ ] I set my heart to love the Lord with my gifts, whether or not that involves singing/playing over a microphone/on the platform.

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



### *Personal Reference Form*

**THIS SECTION TO BE COMPLETED BY THE *APPLICANT*:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

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 Admission 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 *Personal Reference*:**

This recommendation form is to be completed by a friend (not a spouse or relative), who has known the applicant for at least 5 years. If you have any questions, please email: [thewatch@ihop-atlanta.com](mailto:thewatch@ihop-atlanta.com). Thank you for your involvement in this important phase of the applicant's life.

Your Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

1. How long have you known the applicant?

\_\_\_\_\_

How well?  - Very Well     - Fairly Well     - Casually     - By name/sight

2. What is the relationship between you and the applicant?

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

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




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4. What is your assessment of the applicant's weaknesses?

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5. Are there any complex family or relational factors which might affect the applicant's service in The Watch Internship at the International House of Prayer?

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6. Please try to assess the following areas based on your knowledge of the applicant.

Personal Assessment Areas	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity						
Devotion to Christ						
Integrity & Honesty						
Openness to Correction						
Self - Discipline						
Willingness to Serve						
Ability to Work With Others						
Communication Skills						
Courtesy						
Leadership Skills						
Reliability						
Teachability						
Emotional Stability						
Physical Health						
Family Life						

Comments on any of the above:

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7. Recommendation of this applicant for The Watch Internship at IHOP Atlanta

Highly Recommended    Recommend    Recommend with reservations    Do not recommend

Please explain your recommendation:

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

Upon completion of this form, please send to:  
IHOP Atlanta  
The Watch Personal Reference  
1625 Collins Hill Rd  
Lawrenceville, GA 30044

*Pastoral Recommendation- The Watch Internship*



**THIS SECTION TO BE COMPLETED BY THE APPLICANT:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

***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 your acceptance to IHOP staff. ***Please note: Failure to indicate a choice is the same as checking the "I do not waive" box.***

- Yes, I waive my right to see this character reference.
- No, I do not waive my right to see this character reference.

***Note: It is the responsibility of the applicant to give / mail this pastoral recommendation to the pastor.***

Name of Pastor: \_\_\_\_\_

Name of Church: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE PASTOR**

***To the Pastoral Reference:*** This recommendation form is to be completed by the applicant's closest (present or former) pastor. In the case that the applicant's father is the pastor, another staff minister may act as pastoral reference.

While it is not required or expected that any IHOP staff member consider IHOP their church family, we recognize it is possible that through their service at IHOP they may desire to make this transition. If this individual felt led to make such a transition we would ask you to consider blessing and releasing them to this unique calling. If you have any questions, you may email them to info@ihop-atlanta.com. Thank you for your involvement in this important phase of this applicant's life.

1. How long have you known the applicant?

\_\_\_\_\_

2. How well do you know the applicant?

- Very well
- Fairly well
- Casually
- By name/sight



3. Please describe the applicant's level of church involvement.  
(Check all that apply.)

- Regular             Cooperative             Interested  
 Irregular             Uninvolved             Distant

4. Has the applicant served your congregation in any capacity?  Yes  No  
If so, please give a brief description.

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5. What are the strengths and spiritual gifts of the applicant according to your observation?

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6. What is your assessment of the applicant's weaknesses?

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7. What is the applicant's effect on his/her peers?

- Positive     Neutral     Negative     Unknown

8. Are there any complex family factors which might affect the applicant's service at the International House of Prayer - Atlanta?

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9. Does your congregation intend to partner financially with the applicant as a missionary?

Yes       No

10. My recommendation for this applicant to serve at the International House of Prayer:

Highly recommend       Recommend with reservations  
 Recommend               Do not recommend

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Pastors Signature

Date

*Upon completion of this pastoral recommendation, please send to:*

IHOP Atlanta  
The Watch Internship  
Pastoral Recommendation  
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