



International House of Prayer Atlanta INTERNSHIP APPLICATION

Please select the program and dates you are applying for:

Day Internships

Intro Internship (All ages, including families)

January/year _____ May/year _____ August/year _____

The Pursuit Internship (Single young adults, ages 18-25)

January/year _____ May/year _____ August/year _____

Joshua Internship (Mature adults, 50 years of age or older)

January/year _____ May/year _____ August/year _____

Night Internships

Nitro Internship (Married or Singles over age 30)

January/year _____ May/year _____ August/year _____

The Watch Internship (Single young adults, ages 18-30)

January/year _____ May/year _____ August/year _____

Instructions:

- 1) Select the program that you are planning to attend.
- 2) Select the month and year that interests you.
- 3) Visit IHOP-Atlanta.com to look up the exact start date and tuition amount as each program is subject to change.
- 4) Insert the specific date and tuition amount for your internship on page 3 of this application.

IHOP-Atlanta Application Form Includes:

- 1) Personal Information and Photo
- 2) Family Information
- 3) Education and Ministry Background
- 4) Musical Training
- 5) Personal Evaluation
- 6) Personal Testimony
- 7) Health Information
- 8) Disclosure of Medications
- 9) Emergency Contact Information
- 10) Acknowledgement of Agreement
- 11) Background Check
- 12) IHOP-Atlanta Internship Guidelines
- 13) IHOP-Atlanta Missions Base Foundational Commitments
- 14) IHOP-Atlanta Vision Statement
- 15) IHOP-Atlanta Statement of Faith
- 16) Pastoral Recommendation Form
- 17) Personal Reference Form

Application Process:

The application has 6 components. We require that you send in all six components together as one packet.

- 1) Application form completed and signed
- 2) Personal photograph attached to the application
- 3) Personal testimony typed on a separate sheet
- 4) Pastoral Recommendation filled out and sealed in an envelope
- 5) Personal Reference filled out and sealed in an envelope
- 6) \$50.00 non-refundable application fee per person. Make checks payable to the International House of Prayer Atlanta (IHOP-Atlanta) with the applicant's name in the memo.

Mail to:

International House of Prayer – Internships
Attn : (name of internship)
1625 Collins Hill Road
Lawrenceville, GA 30043

Upon Receipt:

- 1) We will contact you via email or phone. You may be asked to have a phone interview.
- 2) In most cases, we will notify you of your acceptance within 30 days of the completed interview.
- 3) Once accepted, you will receive an e-mail letter of acceptance and/or phone call.
- 4) All tuition payments are due prior to arrival. Payment schedules vary per internship.

PERSONAL INFORMATION

Choice of Internship _____ Tuition Amount _____
Your Name _____ Exact Start Date ____/____/____
Address _____ City _____
State _____ Zip Code _____ Birth Date ____/____/____ Age _____
Contact Phone (____) _____ E-mail _____

REQUIRED

Please attach a photo
of yourself here.

You are:

- a US Citizen
 - a US National
 - a Legal Permanent Resident
 - Legally Present in the US
 - Currently Residing Abroad
- Type of Visa _____

FAMILY INFORMATION

Father/Guardian _____ Deceased Living Phone (____) _____

Address _____ City _____ State _____ Zip _____

Mother/Guardian _____ Deceased Living Phone (____) _____

Address _____ City _____ State _____ Zip _____

1. Are you? Single Engaged Married Widowed Separated Divorced (check all that apply)

2. If you are married, please answer the following. If not, skip this question and go to question 3. Please note: married applicants may only attend Intro, Nitro, or the Joshua internships.

Spouse's Name _____ Birth Date ____/____/____ Age ____ How long married? _____

Is your spouse attending the internship? Yes No If yes, they must fill out a separate application. If no, please include a letter from your spouse with his/her Christian experience, his/her feelings about your time in the internship, and his/her feelings about your potential position on staff.

3. Do you have any children? Yes No If yes, please list each child coming to Atlanta with you:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Register this child for Intro Children's Track for ages 1-12?</u>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Do you have any teenagers, ages 13-17, who wish to participate in the internship program with you? Yes No

If yes, please have them include a written testimony and what they hope to get out of the internship with you. (Costs are same as an adult). Please also list each teenager coming to Atlanta with you:

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____

5. Are any of the children that are attending under medical care, have special needs, behavioral issues or on medications?
Yes No If yes, please attach a separate sheet of paper listing any issues, medications and/or any other concerns.

EDUCATION AND MINISTRY BACKGROUND

1. List senior high school and institutions of higher education that you have attended (list the most recent first):

<u>School Name</u>	<u>City & State</u>	<u>Dates Attended</u>	<u>Diploma/Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Previous places of employment (list the most recent first):

Employed by _____ City and State _____ Dates _____
 Phone Number _____ Supervisor's Name _____
 Responsibilities _____ Reason for Leaving _____

Employed by _____ City and State _____ Dates _____
 Phone Number _____ Supervisor's Name _____
 Responsibilities _____ Reason for Leaving _____

Employed by _____ City and State _____ Dates _____
 Phone Number _____ Supervisor's Name _____
 Responsibilities _____ Reason for Leaving _____

3. Do you have a police record? Yes No If yes, please include details, dates and outcomes typed on a separate sheet.

4. Are you currently involved in a local church? Yes No If no, please explain on a separate sheet of paper.

5. Previous church involvement (list the most recent first):

<u>Church Name, City and State</u>	<u>Dates</u>	<u>Senior Pastor's Name</u>	<u>Attended</u>
_____	_____	_____	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally

_____ Regularly Occasionally

_____ Regularly Occasionally

_____ Regularly Occasionally

6. Describe your previous ministry training and involvement. You may add an extra sheet if more space is needed.

7. Describe how your church / spiritual family feels about your time as an IHOP-Atlanta intern?

8. What would you consider to be your talents, gifts, and strengths?

MUSICAL TRAINING

1. Are you a singer? Yes No If yes, please rate your level of experience.

	<u>None</u>	<u>Minimal</u>	<u>Moderate</u>	<u>Proficient</u>
Length of taking vocal lessons	[]	[]	[]	[]
Experience with a live band	[]	[]	[]	[]
Experience with performing	[]	[]	[]	[]
Proficiency with your voice	[]	[]	[]	[]
Experience with worship-leading	[]	[]	[]	[]

Additional comments or explanations:

2. Are you a musician? Yes No If yes, please rate your level of experience on your primary instrument.

Primary instrument: _____

	<u>None</u>	<u>Minimal</u>	<u>Moderate</u>	<u>Proficient</u>
Sight reading	[]	[]	[]	[]
Playing by ear	[]	[]	[]	[]
Reading notes	[]	[]	[]	[]
Reading chords	[]	[]	[]	[]
Length of taking lessons	[]	[]	[]	[]

Experience with a live band [] [] [] []

Proficiency on your instrument [] [] [] []

Experience with worship-leading [] [] [] []

Additional comments or explanations:

3. Do you play any other instruments? Yes No If yes, please list and rate each of them on a separate sheet of paper.

4. Do you plan to audition for a worship team while you are at IHOP-Atlanta? Yes No If no, please explain why not. If yes, please explain in what capacity are you hoping to be involved.

PERSONAL EVALUATION

Please assess yourself in the following:

	<u>Uncertain</u>	<u>Weak</u>	<u>Good</u>	<u>Outstanding</u>
Spiritual maturity	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]
Working without supervision	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]
Communication skills	[]	[]	[]	[]
Leadership skills	[]	[]	[]	[]
Reliability	[]	[]	[]	[]
Teachability	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]
Physical health	[]	[]	[]	[]
Family life	[]	[]	[]	[]

Additional comments or explanations:

1. What would you consider to be your weaknesses?

2. Describe what aspect of ministry at IHOP-Atlanta interests you the most.

3. How did you hear about the International House of Prayer in Atlanta?

4. What led you to apply for an internship?

5. Have you applied for or attended any training program at IHOP-Atlanta in the past? Yes No If yes, list the programs, the dates you attended/applied and why you are attending/applying again.

6. Select your program accordingly:

The Pursuit Internship or The Watch Internship The program tuition includes dorm-style housing, ministry school classes, conferences, and books. Beyond tuition, how do you plan on supporting yourself for additional expenses like food, laundry, phone, personal supplies and recreation?

Intro Internship or The Joshua Internship or Nitro Internship The tuition does not include any housing or meals. Beyond tuition, please explain your financial plans for support, insurance, transportation, housing, food and other expenses.

7. Do you plan on bringing a vehicle to the internship? Yes No If no, please explain how you will get around.

8. Do you currently have any financial debt? Yes No If yes, please explain and include your plans for managing it while you may be in the internship.

Please answer the following if you are applying for either The Pursuit Internship or The Watch Internship.

9. Are you currently engaged or in a dating relationship? Yes No If yes, please answer the following:
a. Please explain how you plan on adjusting, according to the Internship Dating Policy while in the internship (see Internship Guidelines on page ____ of this application).

b. Is the person you are currently dating in an internship or program at IHOP-Atlanta or applying to attend at the same time as you plan to be here? Yes No If yes, please give specifics here.

PERSONAL TESTIMONY:

Please prepare a personal testimony as a separate typed document. Include the following points"

- 1) A summary of your personal journey in Christ
- 2) Describe any past or present life-controlling (mental, emotional, relational) issues
- 3) Your goals for the future, including your life vision and ministry plans
- 4) Expectations for your time in the internship
- 5) An explanation why you may or may not want to eventually join ministry staff at IHOP-Atlanta

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 and prescription drugs) |
| <input type="checkbox"/> Chronic Depression | <input type="checkbox"/> Long-term medication |
| <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"/> HIV | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Communicable Diseases: _____ | <input type="checkbox"/> Other: _____ |

1. If any of the previous items were checked, please comment. You may add a separate sheet of paper if necessary.

2. Do you have any physical disabilities or conditions that require special care that might limit your involvement in the internship? Yes No If yes, please explain.

3. Do you have any substance abuse problems or addictions? Yes No if yes, please explain.

4. Have you ever struggled with viewing child pornography? Yes No If yes to any of these, please explain.

5. Have you ever in the court of law pleaded guilty of being a sex offender? Or in the court of law been convicted of being a sex offender? Yes No If yes to any of these, please explain.

6. Do you have or have you ever had any life-controlling mental, sexual, emotional or relational issues? Yes No If yes, please explain.

7. Have you ever sought help for psychological, sexual, emotional or relational problems? yes no If yes, answer below:

<u>Year</u>	<u>Caregiver(s)</u>	<u>Identified Problem(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Have you ever been convicted of a crime? Yes No If yes, please explain.

9. Have you ever attempted or considered suicide? Yes No If yes, please explain and include when and how you were treated for it.

10. Do you currently wrestle with suicidal thoughts? Yes No If yes, please describe.

11. Are you, or have you ever been, on medication related to psychological problems? Yes No If yes, please describe your treatment and medicines.

12. Are you currently on any medications? Yes No If yes, please fill out the following Disclosure of Medications.

<u>DISCLOSURE OF MEDICATIONS</u>			
The International House of Prayer Atlanta requires that, for the duration of any program enrollment, attendees maintain their prescribed regiment of medication unless directed to change under the supervision of a doctor.			
<u>Name of Medication</u>	<u>For</u>	<u>Dates</u>	<u>Doctor Name and Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
I, _____(print name) agree to continue with the aforementioned medications, throughout my time at the International House of Prayer, as prescribed by my doctor. I realize that failure to keep up with my medications, as prescribed by my doctor, will be grounds for my immediate dismissal.			
Signature_____		Date_____	

13. Do you have health insurance? Yes No If yes, please describe your coverage here.

EMERGENCY CONTACT INFORMATION

Contact Name_____Phone(_____)_____Relation: _____

Contact Name_____Phone(_____)_____Relation: _____

ACKNOWLEDGEMENT OF AGREEMENT

Please acknowledge your agreement with the following by checking each box and signing your name.

- I acknowledge that on my integrity all of the above questions have been answered honestly and completely.
- I have read and agree with the IHOP-Atlanta Internship Guidelines.
- I have read and agree with the IHOP-Atlanta Missions Base Foundational Commitments.
- I have read and agree with the IHOP-Atlanta Vision Statement.
- I have read and agree with the IHOP-Atlanta Statement of Faith.
- I understand that my internship will include practical ministry training and service to others.
- I understand that I must secure funds sufficient to cover all of my tuition before I attend the internship.
- I understand that I must secure funds sufficient to cover all of my personal expenses.
- I declare that I have provided true, correct and complete facts in all of my application.

Signature _____ Date _____



Confidential

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 & 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

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IHOP-Atlanta Internship Guidelines

Teachability: We ask that every intern have a teachable spirit with sincerity in their pursuit of holiness and is willing to learn.

Internship Dating Policy: While attending either The Pursuit Internship or The Watch Internship, dating is not permitted. The purpose of our internships is to give oneself to focused pursuit of the Lord. We are confident that when you separate yourself for this short season, you will find that the reward far outweighs the sacrifice. If you are engaged, we are asking that you attend an internship after you are married.

Vacation: There are no personal breaks during the internship. Breaks include (but are not limited to) ministry trips, weekend trips, family reunions, graduations, and weddings. We ask that you please plan ahead and keep the internship sessions as an uninterrupted season of consecration and impartation.

Personal Appearance: Each intern is asked to uphold a clean, modest and non-distracting appearance in how they dress for all meetings, classes, services, and gatherings throughout the IHOP-Atlanta community. We desire to bring glory to Jesus with our bodies and clothing. We also ask that when on any ministry platform at IHOP-Atlanta, please wear un-torn and clean clothing and shoes.

Health Insurance: Applicants should provide their own health insurance coverage. Neither IHOP-Atlanta nor the internship program will be responsible to cover hospitalization, visits to the doctor or medications.

Vehicle: We recommend that every intern have access to a reliable vehicle throughout the internship. All interns who do not have a vehicle are still responsible for their own transportation needs (i.e. punctuality to meetings and classes).

Personal Expenditures: Each intern must have sufficient funds to cover any personal expenses that they may incur throughout the term. We ask that interns do not seek outside employment due to the heavy time commitments during the programs. We require every intern to secure funds that will cover costs for all living expenses during their stay.

IHOP-Atlanta Missions Base Foundational Commitments

For All IHOP-Atlanta Staff and Interns

The IHOP-Atlanta Missions Base is a multi-faceted, missions base serving the Body of Christ throughout Metro Atlanta. It is staffed with intercessory missionaries who are committed to prayer, fasting, living the Sermon on the Mount and evangelism, in order to shift the spiritual climate over Atlanta, the Southeast and the Nation. Each missions department is geared to cause individuals' hearts to soar in their relationship with God through the revelation of the knowledge of God unto kingdom manifestation.

The IHOP-Atlanta community is committed to:

Apostolic Living: New Testament authenticity, incorporating training people and building Houses of Prayer, releasing manifestations of the Holy Spirit and breakthrough in regions to establish the kingdom of God

Fasted Lifestyle: a conviction of character and conduct in simplicity and sacrifice; a lifestyle of sincerity that embodies total fascination with Jesus Christ as the great reward of this life

Unity in Diversity: living in true fellowship and community in and through the Holy Spirit, including diverse cultures and socio-economic backgrounds

Passion for Jesus: energized by the reality of the love of God and His great emotion for His Bride; experientially living with the First Commandment in first place, without offense in love

Urgency for the Hour: prophetic proclamation geared to prepare the hearts of men in light of impending temporal judgments, massive end-time revival, the martyrdom of the saints and the soon return of Jesus

IHOP-Atlanta Vision Statement

Shifting the Spiritual Climate over Cities and Regions resulting in Revival in the Church and Reformation in the world. To establish House of Prayer missions bases, with the central facet of night and day prayer, in the spirit of the Tabernacle of David in the city of Atlanta, the Southeast and the cities of the earth. To raise up a generation of forerunners committed to prayer, fasting, and the Great Commission.

IHOP-Atlanta Statement of Faith

WE BELIEVE that only the sixty-six books of the Bible are the inspired, and therefore the inerrant, Word of God. It is the final authority for all we believe and how we are to live. Matthew 5:18; John 10:35; 17:17; 2 Timothy 3:16-17; 2 Peter 1:20-21.

WE BELIEVE that the one true God exists eternally in three persons, Father, Son, and Holy Spirit, and that these, being one God, are equal in deity, power, and glory. We believe that God not only created the world but also now upholds, sustains, governs, and providentially directs all that exists and that He will bring all things to their proper consummation in Christ Jesus to the glory of His name. Psalm 104; Psalm 139; Matthew 10:29-31; 28:19; Acts 17:24-28; 2 Corinthians 13:14; Ephesians 1:9-12; 4:4-6; Colossians 1:16-17; Hebrews 1:1-3; Revelation 1:4-6.

WE BELIEVE that Satan, originally a great and good angel, rebelled against God, taking a multitude of angels with him. He was cast out of God's presence and is at work with his demonic hosts to establish his counter-kingdom of darkness and evil on the earth. Satan was judged and defeated at the cross of Christ and will, at the end of the age, be cast forever into the lake of fire, which has been prepared for him and his angels. Matthew 12:25-29; 25:41; John 12:31; 16:11; Ephesians 6:10-20; Colossians 2:15; 2 Peter 2:4; Jude 6; Revelation 12:7-9; 20:10.

WE BELIEVE that Adam was originally created in the image of God, righteous and without sin. In consequence of his disobedience, Adam's posterity are born subject to both imputed and inherent sin, and are therefore by nature and choice the children of wrath, justly condemned in the sight of God, wholly unable to save themselves or to contribute in any way to their acceptance with God. Genesis 1-3; Psalm 51:5; Isaiah 53:5; Romans 3:9-18; 5:12-21; Ephesians 2:1-3.

WE BELIEVE that Jesus Christ is God incarnate, fully God and fully man, that He was conceived and born a virgin, lived a sinless life, and offered Himself as a penal, substitutionary sacrifice for sinners. By the blood of His cross, He obtained for us eternal redemption, the forgiveness of sins, and life everlasting. He was raised bodily on the third day and ascended to the right hand of the Father, there to make intercession for the saints. Matthew 1:18-25; John 1:1-18; Romans 8:34; 1 Corinthians 15:1-28; 2 Corinthians 5:21; Galatians 3:10-14; Ephesians 1:7; Philippians 2:6-11; Colossians 1:15-23; Hebrews 7:25; 9:13-15; 10:19; 1 Peter 2:21-25; 1 John 2:1-2.

WE BELIEVE that salvation is by grace alone, through faith alone, in Christ alone. No ordinance, ritual, work, or any other activity on the part of man is required in order to be saved. This saving grace of God, through the power of the Holy Spirit, also sanctifies us by enabling us to do what is pleasing in God's sight in order that we might be progressively conformed to the image of Christ. John 1:12-13; 6:37-44; 10:25-30; Acts 16:30-31; Romans 3:4; 8:1-17, 31-39; 10:8-10; Ephesians 2:8-10; Philippians 2:12-13; Titus 3:3-7; 1 John 1:7,9.

WE BELIEVE that the Lord Jesus Christ baptizes believers in the Holy Spirit, in whom also we are sealed for the day of redemption. The Holy Spirit regenerates, forever indwells, and graciously equips the Christian for godly living and service. Subsequent to conversion the Spirit desires to fill, empower, and anoint believers for ministry and witness. We also believe the signs and wonders, as well as all the gifts of the Spirit described in the New Testament, are operative today and are designed to testify to the presence of the kingdom and to empower and edify the church to fulfill its calling and mission. Matthew 3:11; John 1:12-13; 3:1-15; Acts 4:29-30; Romans 8:9; 12:3-8; 1 Corinthians 12:12-13; 2 Corinthians 1:21-22; Galatians 3:1-5; Ephesians 1:13-14; 5:18.

WE BELIEVE that water baptism and the Lord's Supper are the two ordinances of the church to be observed until the time of Christ's return. They are not a means of salvation but are channels of God's sanctifying grace and blessing to the faithful in Christ Jesus. Matthew 26:26-29; 28:19; Romans 6:3-11; 1 Corinthians 11:23-34; 1 Peter 3:21.

IHOP-Atlanta Statement of Faith (continued)...

WE BELIEVE that the church is God's primary instrument through which He is fulfilling His redemptive purposes in the earth. To equip the saints for the work of the ministry, God has given the church apostles, prophets, evangelists, pastors and teachers. We also affirm the priesthood of all believers and the importance of every Christian being joined with and actively involved in a local community of the saints. We believe that women, no less than men, are called and gifted to proclaim the gospel and do all the works of the kingdom. However, final governmental authority in the church has ideally been entrusted to men. Matthew 16:17-19; Acts 2:17-18,42; Ephesians 3:14-21; 4:11-16; 1 Timothy 2:11-15; Hebrews 10:23-25; 1 Peter 2:4-5,9-10.

WE BELIEVE that God has called the church to preach the gospel to all nations, and especially to remember the poor and to minister to their needs through sacrificial giving and practical service. This ministry is an expression of the heart of the Lord Jesus Christ and is an essential part of the kingdom of God. Isaiah 58:6-12; 61:1; Matthew 28:18-20; Luke 4:18; 21:1-4; Galatians 2:10; 1 Timothy 6:8.

WE BELIEVE in the literal second coming of Christ at the end of the age when He will return to the earth personally and visibly to consummate His kingdom. We also believe in and are praying for a great end-time harvest of souls and the emergence of a victorious church that will experience an unprecedented unity, purity, and power in the Holy Spirit. Psalms 2:7-9; 22:27-28; John 14:12; 17:20-26; Romans 11:25-32; 1 Corinthians 15:20-28,50-58; Ephesians 4:11-16; Philippians 3:20-21; 1 Thessalonians 4:13-5:11; 2 Thessalonians 1:3-12; Revelation 7:9-14.

WE BELIEVE that when the Christian dies he/she passes immediately into the blessed presence of Christ, there to enjoy conscious fellowship with the Savior until the day of the resurrection and glorious transformation of the body. The saved will then forever dwell in blissful fellowship with their great Triune God. We also believe that when the unbeliever dies he/she is consigned to hell, there to await the day of judgment when he/she shall be punished with eternal separation from the presence of God. Matthew 25:46; Luke 16:19-31; John 5:25-29; 1 Corinthians 15:35-58; 2 Corinthians 5:1-10; Philippians 1:19-26; 3:20-21; 2 Thessalonians 1:5-10; Revelation 20:11-15; 21:1-22:15.

For more information on the internships,
please visit IHOP-Atlanta.com.

International House of Prayer – Atlanta Pastoral Recommendation Form

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Name _____ Phone _____

Internship Program and Start Date _____ Email _____

Yes, I waive my right to see this character reference.

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

To the Applicant: This recommendation form is to be completed by your (present or former) pastor. In the case that the pastor is your parent, an elder or other church officer may act as pastoral reference. 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 which best represents your wishes. Failure to indicate a choice is the same as checking "I do not waive".

To the Pastoral Reference:

Please return the form directly to the applicant in a sealed envelope. If you have any questions, please email us at internships@ihop-atlanta.com.

Your Name _____ Church Name _____

Your Position _____ Church Telephone _____

Church Street _____ City/State/Zip _____

Contact Phone _____ E-mail _____

1. How long and how well have you known the applicant?

2. Please describe the applicant's level of involvement in your church.

3. What is the applicant's affect on his/her peers?

4. Has the applicant served in your congregation in any capacity? yes no If yes, please give a brief description.

5. The internship consists of a fairly intense weekly schedule. Do you foresee difficulties for the applicant with this schedule?

6. What is your assessment of the applicant's ability to handle situations involving change, crisis and correction?

7. According to your observations, what are the strengths and spiritual gifts of the applicant?

8. What is your assessment of the applicant's weaknesses and/or struggles?

9. Have you seen any complex family or relational factors which might affect the applicant's service at IHOP-Atlanta?

10. Please try to assess the following based on your knowledge of the applicant:

	<u>Not Observed</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Outstanding</u>
Spiritual maturity	[]	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]	[]
Working without supervision	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]	[]
Communication skills	[]	[]	[]	[]	[]
Leadership skills	[]	[]	[]	[]	[]
Reliability	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]	[]
Physical health	[]	[]	[]	[]	[]
Family life	[]	[]	[]	[]	[]

Comments on any of the above:

11. Would you have the applicant on your staff? Yes No Why or why not?

12. Do you recommend this applicant for the International House of Prayer internship? Highly Recommend

Recommend Recommend with reservations * Do not recommend * *Please explain:

Additional Comments:

Signature _____ Date _____

International House of Prayer – Atlanta Personal Reference Form

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Name _____ Phone _____

Internship Program and Start Date _____ Email _____

Yes, I waive my right to see this character reference.

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

To the Applicant: This recommendation form is to be completed by a person who is not in your immediate family but has known you for a minimum of five years. 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 which best represents your wishes. Failure to indicate a choice is the same as checking "I do not waive."

To the Personal Reference:

Please return the form directly to the applicant in a sealed envelope. If you have any questions, please email us at internships@ihop-atlanta.com.

Your Name _____ Birth Date _____ Age _____

Your Address _____ Contact Number _____

City / State / Zip _____ E-mail _____

1. How long and how well have you known the applicant?

2. Explain the relationship between you and the applicant.

3. Please explain your observations of the applicant's intentions for their time as an IHOP-Atlanta intern.

4. According to your observation, what are the strengths and spiritual gifts of the applicant?

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

6. Have you seen any complex family or relational factors which might affect the applicant's service at IHOP-Atlanta?

7. The internship consists of a fairly intense weekly schedule. Do you foresee difficulties for the applicant with this schedule?

8. Please try to assess the following based on your knowledge of the applicant:

	<u>Not Observed</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Outstanding</u>
Spiritual maturity	[]	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]	[]
Working without supervision	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]	[]
Communication skills	[]	[]	[]	[]	[]
Leadership skills	[]	[]	[]	[]	[]
Reliability	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]	[]
Physical health	[]	[]	[]	[]	[]
Family life	[]	[]	[]	[]	[]

Comments on any of the above:

9. Do you recommend this applicant for the International House of Prayer internship? Highly Recommend

Recommend Recommend with reservations * Do not recommend * *Please explain:

10. Would you support the applicant's decision to move to Atlanta as an IHOP-Atlanta intern? Yes No Why or why not?

Additional Comments:

Signature _____ Date _____