



Immersed
Consecration
Application



Internship Application



PROGRAM AND DATE APPL YING FOR: _____

Program Name _____ & Start Month* _____

**Please check website for the most current list of start dates*

required

*paste or staple
a recent photograph
of yourself here*

PERSONAL/FAMILY INFORMATION

Name _____
First M.I. Last

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Birth date ____ / ____ / ____ Age _____ Social Security # _____

US Citizen Legal Permanent Resident

US National Legally Present in the United States

Type of visa _____

1. Father or Guardian: _____ Living Deceased

Address _____ Phone (____) _____

City _____ State/Province _____ Zip/Postal Code _____

2. Mother or Guardian: _____ Living Deceased

Address _____ Phone (____) _____

City _____ State/Province _____ Zip/Postal Code _____

PERSONAL TESTIMONY

3. Please share your testimony, including the highs and lows of your life. We encourage you to share some of the negatives (pressures, difficulties, 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.**

4. When did you come to know Jesus Christ as your personal Lord and Savior? _____

5. Your Mar ital Status _____ (Single, Dating, Engaged, Married, Separated/ Divorced)

IF YOU ARE CURRENTLY DATING PLEASE ANSWER THE FOLLOWING QUEST IONS

a. Are you aware that there is a No Dating Policy in the internships? _____

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-AC or attending one the same time as you plan to be here? _____

6. How does your family feel about you becoming an IHOP-AC Intern? _____



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7. Tell us about your family (parents married, separated, divorced, deceased; siblings, who are you closest to and why, who are you most like).

HEALTH INFORMATION

8. Please check if you have had any occurrences (from mild to severe) of the following:

- ADD
- Mild Depression
- Chronic Depression
- Chronic Fatigue Syndrome
- Chronic Pain
- Insomnia (or other sleeping disorders)
- Snoring
- Other : _____
- Alcohol Abuse
- Drug Abuse (including cigarettes and prescription drugs)
- On-going medication (type: _____)
- Eating Disorders (Bulimia, Anorexia, Diet Obsessive)
- Allergies (type: _____)
- Asthma
- Diabetes
- Seizures

If any of the previous items were checked, please comment: _____

9. If you have any communicable diseases, please list: _____

10. Do you have any physical disabilities or conditions that require special care? (If yes, please explain)

11. Do you have health insurance? If so, what kind(s)? _____

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

13. 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
_____	_____	_____
_____	_____	_____

14. 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: _____

15. Have you ever attempted or considered suicide? If so, please describe. (When, how treated, etc.). _____

Do you currently wrestle with suicidal thoughts? _____



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EDUCATIONAL / OCCUPATIONAL BACKGROUND

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

NAME	CITY, STATE	DATES ATTENDED	DEGREES EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Please list three previous places of employment.

Employed by: _____ City, State _____ Dates of Employment: _____
 Phone number: _____ Supervisor's Name: _____

Employed by: _____ City, State _____ Dates of Employment: _____
 Phone number: _____ Supervisor's Name: _____

Employed by: _____ City, State _____ Dates of Employment: _____
 Phone number: _____ Supervisor's Name: _____

18. Do you have a criminal record? _____ If yes, please include details typed on a separate sheet of paper.

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

20. List some of your hobbies and interests and additional skills: _____

MINISTRY EXPERIENCE

21. Are you currently involved in a local church? [] yes [] no (if no, please explain in testimony)

22. Previous Church involvement (list most recent first):

CHURCH NAME	CITY, STATE	DATES ATTENDED	SR. PASTOR'S NAME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Details of church background: _____

24. Previous ministry training and involvement: _____



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

Three horizontal lines for writing.

26. What would you consider to be your weaknesses?

Three horizontal lines for writing.

27. Please assess yourself in the following areas:

Table with 7 columns: Uncertain or not observed, Weak, Fair, Good, Very Good, Outstanding. Rows include Spiritual maturity, Devotion to Christ, Integrity and 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:

Two horizontal lines for writing.

INTERNSHIP SPECIFICS

28. What led you to consider coming to Alamance County for the International House of Prayer Internship? (How did you hear of us? What events led you to apply as an intern?)

Three horizontal lines for writing.

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

Two horizontal lines for writing.



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

	<i>None</i>	<i>Minimal/ Short</i>	<i>Average</i>	<i>Moderate</i>	<i>Proficient / Long</i>	
Length of taking vocal lessons	[]	[]	[]	[]	[]	[]
Experience with live band	[]	[]	[]	[]	[]	[]
Performance	[]	[]	[]	[]	[]	[]
Proficiency with your voice	[]	[]	[]	[]	[]	[]

31. If you are a musician please list your level of experience in the following areas:

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

	<i>None</i>	<i>Minimal/ Short</i>	<i>Average</i>	<i>Moderate</i>	<i>Proficient / Long</i>	<i>Expert</i>
Sight reading	[]	[]	[]	[]	[]	[]
Playing by ear	[]	[]	[]	[]	[]	[]
Reading notes	[]	[]	[]	[]	[]	[]
Reading chords	[]	[]	[]	[]	[]	[]
Length of taking lessons	[]	[]	[]	[]	[]	[]
Experience with a live band	[]	[]	[]	[]	[]	[]
Proficiency on you instrument	[]	[]	[]	[]	[]	[]

32. The internship consists of a 50-60 hour weekly schedule. Do you foresee any difficulties with this type of schedule?

33. Interns will be living with a roommate or roommates. Do you foresee any difficulties with this type of situation? If so, how do you plan on handling it?

34. Do you plan on bringing a vehicle to the internship?

35. 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.

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

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



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38. In case of an emergency, whom may we contact? _____
Name
 (_____) _____
Phone Number *Relation of Emergency Contact to Applicant*

39. 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 (*please refer to website*).
- [] I have read and agree with the IHOP–AC Vision Statement (*please refer to website*).
- [] I have read and agree with the IHOP–AC Statement of Faith (*please refer to website*).
- [] 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 (see pg.14 of application).
- [] I understand that I am living in housing with other individuals and the implications that lie therein.
- [] 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



INTERNATIONAL HOUSE OF PRAYER – Alamance County
PASTORAL RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT:

Last name: _____ First name: _____

Internship Applying for: _____ Email address: _____
Name of internship and desired start date

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 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 Telephone: _____

Home Telephone: _____

E-mail: _____

1. How long have you known the applicant? _____
How well? [] Very well [] Fairly well [] Casually [] By name/ sight

2. Please assess the applicant's level of involvement in your church (check all that apply).

- [] Attends regularly [] Cooperative [] Interested
[] Attends irregularly [] Involved [] Distant
[] Enthusiastic [] Willing to help [] other: _____

3. Has the applicant served your congregation in any capacity? If so, please give a brief description.

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



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

6. What is the applicant's affect on his/her peers? [] Positive [] Neutral [] Negative [] Unknown

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

	Uncertain or not observed	Weak	Fair	Good	Very Good	Outstanding
Spiritual maturity.....	[]	[]	[]	[]	[]	[]
Devotion to Christ	[]	[]	[]	[]	[]	[]
Integrity and honesty	[]	[]	[]	[]	[]	[]
Openness to correction	[]	[]	[]	[]	[]	[]
Self-discipline	[]	[]	[]	[]	[]	[]
Willingness to serve	[]	[]	[]	[]	[]	[]
Ability to work with others	[]	[]	[]	[]	[]	[]
Communication skills	[]	[]	[]	[]	[]	[]
Courtesy	[]	[]	[]	[]	[]	[]
Leadership skills	[]	[]	[]	[]	[]	[]
Reliability	[]	[]	[]	[]	[]	[]
Teachability	[]	[]	[]	[]	[]	[]
Physical health	[]	[]	[]	[]	[]	[]
Emotional stability	[]	[]	[]	[]	[]	[]
Family life	[]	[]	[]	[]	[]	[]

Comments on any of the above:

8. Are there any complex family or relational factors which might affect the applicant's service in the Internship?

9. The internship consists of a 50-60 hour weekly schedule. Do you foresee any difficulties in the response of the applicant to this type of schedule?



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10. Interns live in community housing. Do you foresee any difficulties in the response of the applicant to this type of situation?

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

12. Recommendation of this applicant for the Immersed Internship:

Highly recommend Recommend Recommend with reservations* Do not recommend*

*Please explain concerns below or on the back of this page

Signature

Date

ADDITIONAL COMMENTS:



INTERNATIONAL HOUSE OF PRAYER – Alamance County
PERSONAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT:

Last name: _____ First name: _____

Internship Applying for : _____ Email address: _____
Name of internship and desired start date

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 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. Please return this 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: _____ Home Telephone: _____

Other Telephone: _____

E-mail: _____

- 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? _____
4. What is your assessment of the applicant's weaknesses? _____
5. Are there any complex family or relational factors which might affect the applicant's service in an internship at the International House of Prayer? _____
6. The internship consists of a 50-60 hour weekly schedule. Do you foresee any difficulties in the response of the applicant to this type of schedule? _____



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

Table with 7 columns: Uncertain or not observed, Weak, Fair, Good, Very Good, Outstanding. Rows include: Spiritual maturity, Devotion to Christ, Integrity and honesty, Openness to correction, Self-discipline, Willingness to serve, Ability to work with others, Communication skills, Courtesy, Leadership skills, Reliability, Teachability, Physical health, Emotional stability, Family life.

Comments on any of the above:

8. Recommendation of this applicant for the Immersed Internship:

[] Highly recommend [] Recommend [] Recommend with reservations* [] Do not recommend*

*Please explain comments/concerns on reverse side

9. Would you support the applicant's decision to move to Alamance County as an Immersed Intern?

[] Yes [] No (please explain on reverse side)

Signature

Date

ADDITIONAL COMMENTS:



Application Process

Application process is as follows:

A. The application has 5 components. We require that you send in all five components together in one packet

- 1) **Application Form (\$25 non-refundable application fee)**
- 2) **Photograph**
- 3) **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*
- 4) **Pastoral Recommendation**
- 5) **Personal Reference**

REMEMBER: All five components must be sent in together.

B. Send the application packet to:

**IHOP-AC
Immersed Consecration
P.O. Box 3113
Burlington, NC 27215**

- C. 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.).**
- D. Upon acceptance into the IHOP-AC Internship, you will receive an e-mail, letter of acceptance and/or phone call.**

Cost and Payment Information

- \$25 Application Fee (non-refundable)**
- \$200 Housing Deposit Due 30 days after being accepted (non-refundable)**
- \$700 Due beginning of the internship**
- \$700 Due mid internship**

Total: \$1,625



Immersed Consecration Guidelines

Teachability: One of the most important requirements for acceptance into Immersed is that the applicant would have a teachable spirit. Each intern does not need to be perfect, just willing to receive instruction from the teachers with a desire for truth and a willingness to study out what is taught to form a personal belief (Isaiah 1:18, Proverbs 2). Also, it will be important to be teachable during community life submitting to the correction and instruction of Immersed leaders without offense (Hebrews 13:7).

Dating: During the 4 month Immersed Consecration, dating is not permitted. The purpose of this time is to give oneself to the Lord without any distractions. This time is to be utilized to set a standard of intimacy with Jesus that will last a lifetime. If you separate yourself during this time, the reward will far outweigh the sacrifice.

Vacation: There will be no personal vacations during Immersed Consecration. Examples include (but not limited to): family reunions, graduations, weddings, concerts etc. This time is to be valued as a season of consecration unto the Lord. **Exceptions** are break-times scheduled by Immersed leadership and those agreed upon by the Director with individuals prior to the start of Immersed.

Health Insurance: If it is your desire to have health insurance, each applicant must provide your own. Neither IHOP-AC nor Immersed will be able to cover hospitalization and/or visits to the doctor. You do not have to have health insurance to be apart of Immersed.

Vehicle: We recommend that each applicant have a reliable form of transportation for the 4 months of Immersed. 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, prayer room, classes, etc.)

Vehicle Insurance: Ensure that you have the correct insurance for the state of North Carolina, or the state in which you are coming from.

Laptop Computers: It would be great and helpful to have a laptop during your time, but it is not mandatory.

Working: Interns are not allowed to hold a job during their time in Immersed.

Personal Expenses: Each intern must have sufficient funds to cover any personal costs during the 4 months. It is advised that each intern budget money to cover gas, food, and any other expenses.

Punctuality: All interns are expected to be on time to *all* internship activities *as directed* by Immersed Leadership. We believe that this is one of the best ways that you can serve your fellow interns, leadership at IHOP-AC and God.

Missions Base Foundational Commitments All IHOP-AC Staff and Interns

We believe at IHOP-AC that we have been called to live lives worthy of the Gospel. Our commitment to living lifestyles of prayer and fasting and holiness before the Lord governs the way we live our lives privately and publicly. As a community of believers, the main means of motivation into this calling is lovesickness for Jesus and hunger for holiness. We are asking that God would fashion in us an internal reality of righteousness that expresses itself externally. We understand the need for standards and guidelines to be set in place until the character of Christ is formed in us. With that in mind, we ask that all staff and interns commit to living lifestyles counter to the western culture and moral laxity of society by not participating in or condoning:

- 1) sexual activity outside of marriage.
- 2) public or social use of alcoholic beverages, illegal drugs, tobacco and gambling.
- 3) illegal activity of any sort.
- 4) activities or rituals of other religions or cults such as Islam, Mormonism, Buddhism, Taoism, Scientology, New Age, the Occult, witchcraft etc. etc.

We believe that this is an essential commitment for all feeling lead to join our community for a four month season of consecration or longer.