



IHOP Atlanta Nitro Internship Application

"And you shall love the LORD your God with all your heart, with all your soul, with all your mind, and with all your strength."

Mark 12:30

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All forms (except reference forms) to be filled out by Nitro applicant only.

Please e-mail any questions regarding this application to nitro@ihop-atlanta.com

Application Process Simplified:

The application 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 Non-refundable application processing fee (make check payable to IHOP Atlanta with "Nitro" in the memo line).
- 8) Personal Reference Form (to be mailed in by Reference)
- 9) Pastoral Recommendation Form (to be mailed in by Pastor)

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

IHOP Atlanta
Nitro Application
1625 Collins Hill Road
Lawrenceville, GA 30043

The application deadline is four weeks prior to the start date of the Nitro program for which you are applying. Applications must be post-marked by the application deadline in order to be considered for acceptance.

Upon reviewing your application, we will contact you by e-mail or telephone to set up an appointment for a phone interview with you.

We will notify you of your acceptance within thirty days of the interview.

If you are single and would like to apply for IHOP Atlanta housing, download the Nitro Housing Application and include it in the envelope with your Nitro Application packet. IHOP Atlanta housing is not available for married applicants, so those who are married are responsible for finding their own housing (please refer to the Nitro web page for additional information about housing.).

Nitro Guidelines

Teachability: One of the most important requirements for acceptance into Nitro is that the applicant should have a teachable spirit. Each Nitro participant 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 Nitro participant should be willing to submit to the correction and instruction of the Nitro leadership team without offense (Heb. 13:7).

Vacation: With the exception of those break times scheduled by the Nitro leadership team, and those agreed upon by the Nitro Director with individual Nitro participants prior to the start of the program, additional personal vacations will not be permitted during Nitro. Examples of such additional vacations would include: family reunions, graduations, weddings, concerts, other personal events, etc. Nitro is to be valued as a season of consecration unto the LORD. Attendance during all scheduled Nitro hours is required in order to remain in the program. 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 Nitro program will be able to cover hospitalization or visits to a physician or other health professional.

Vehicle: Since the scheduling of ministry assignments are both frequent and varied, each Nitro participant must provide their own reliable transportation for the duration of Nitro. Exceptions are possible with prior approval. All Nitro participants 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. Even 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 Nitro participants 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 Nitro hours is required in order to remain in the program. Exceptions will be made for illnesses and family emergencies.

Finances: Because this training program requires a heavy time commitment, participants will likely find it difficult to hold down outside employment during Nitro. For this reason, each Nitro participant must have sufficient funds to cover any personal expenses that they may incur throughout the duration of Nitro. The total amount needed will vary depending on each participant's personal preferences, financial obligations, and spending habits. Nitro participants will be required to purchase their own gasoline, food, class supplies (except text books), and cover their own outside expenses (such as housing, health insurance, cell phone payments, car insurance, etc.). Please assess these things as you prepare to come to Nitro and plan accordingly.

Nitro Cost Information

The registration cost for Nitro will be \$1050.00 for individuals, \$1500 for couples, and \$400 for each additional family member enrolled.

Within two weeks of acceptance into Nitro, a \$200.00 non-refundable deposit is required. This deposit confirms your intent to attend Nitro and secures your place in the program.

The remaining cost 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. Interns need to bring 100% of this amount to register on the internship start date.

Breakdown of Tuition Costs and Payment Deadlines:

(4 weeks prior to start date)

Sent with application packet: (non-refundable application fee).....\$50
Processing fee for application.

2 weeks after acceptance: (non-refundable deposit).....\$200
This is confirmation of your acceptance and intent to attend, and secures you a place in the program.

2 weeks prior to start of Nitro: 3-Month Tuition Fee:
Includes tuition for Nitro, Ministry School Classes, conferences, books, and printing fees.
Individual.....\$1,050
Married Couple.....\$1,500

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

Dismissal:	Amount of Tuition Refunded
Attend Days 1-3	\$1000
Attend Days 4-7	\$750
Attend Days 8-11	\$500
Attend 12-14	\$250
15 Days & Later	no refund

Additional housing costs and payment deadlines for singles that are applying for IHOP Housing are found in the Nitro Housing Application.

Housing Application Link:

http://www.ihop-atlanta.com/page.php?p=nitro_internship_applying

Application Form for Nitro at IHOP Atlanta
For married couples, both spouses fill out their own application

PHOTO REQUIRED

Paste a recent
photography of
yourself here

Date: _____

Name: _____
First M.I. Last

Address: _____

City: _____ St. _____ Zip _____

Phone _____ - _____ - _____

Email _____

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

1. 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 Atlanta. Include at least a paragraph on your passion for prayer. In order for us to understand you, 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 Nitro.

Your application will not be processed without your testimony.

2. Father or Guardian: _____ [] Living [] Deceased
Address: _____ Phone: (____) _____
City: _____ State/Province: _____ Zip/Postal Code: _____

3. Mother or Guardian: _____ [] Living [] Deceased
Address: _____ Phone: (____) _____
City: _____ State/Province: _____ Zip/Postal Code: _____

4. Your Marital Status: Single Engaged Married Separated Divorced

5. Write about your family. For those who are unmarried, 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. For those who are married, give information about the quality and strength of your relationship with your spouse and children (if there are any).

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

Name	City, State	Dates Attended	Degree Attained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please list employment for the past five years.

Name	City, State	Dates Attended	Degree Attained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 (if no, please explain)

11. Current local church: how long have you been there; list areas of current involvement:

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						

12. History of previous ministry involvement:

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

14. What would you consider to be your weaknesses?

15. List some of your hobbies and interests:

16. Please assess yourself in the following areas:

Comment on any of the above:

Health Information

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
------------------------------	--

Mild Depression	Drug Abuse (including cigarettes & prescription drugs)
Chronic Depression	Pain Killers
Chronic Fatigue Syndrome	Eating Disorders (Bulimia, Anorexia, Diet Obsessive)
Fibromyalgia	Seizures
Sleeping Disorder (Including Insomnia)	Asthma
Snoring	Medical Allergies

[] Other: _____

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

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

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

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

20. Do you have insurance? If so, what kind(s)?

21. What led you to desire to come to IHOP Atlanta for Nitro? (How did you hear about us? What events led you to apply as an Nitro participant? Why do you want to come?)

22. Single Nitro participants who live in IHOP Housing will be in a dorm-style situation. Do you foresee any difficulties with this type of situation? If so, how do

you plan on handling it?

23. Do you have a vehicle to bring to Nitro? Yes No

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

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

26. How does your family feel about you attending Nitro?

27. 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

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 (please refer to IHOP Atlanta's website: www.ihop-atlanta.com)
	I understand that I am to have a foundational knowledge of the basics of the Christian faith and feel that I do.
	I have read and agree with the Nitro Guidelines (See Nitro Guidelines, page 4)
	I understand that I must function as a community member by respecting other individuals, their belongings, and IHOP property; and by actively participating in community cleaning and work projects.
	I understand that one of the means by which I will be expected to minister to the LORD throughout the duration of Nitro is through serving others.
	I understand that outside employment during Nitro would be difficult to schedule and therefore I must secure finances sufficient to cover my tuition and non-tuition expenses in advance.
	I understand that Nitro is part of a much larger Missions Base, which is in constant transition and change, and that this may affect my experience.

Your Name

Your Signature

Date

Background Check Consent & Release

IHOP Atlanta Nitro
1625 Collins Hill Road
Lawrenceville, GA 30043

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

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 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 Address City State County Dates 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.

Giftng & Experience

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"	Giftng / Experience	Please Specify	Years of Experience
	Accounting / Financial		
	Administrative / Clerical		
	Bookstore		
	Computers (Microsoft, Excel, Access)		
	Construction / Maintenance		
	Counselng		
	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 / Staffng		
	I.T. (Information Technology)		
	International Missions		
	Internship Management / Coordination		
	Journalism / Editing		
	Legal		
	Managerial		
	Marketing / Sales		
	Media		
	Medical		
	Nursery		
	Paintng		
	Pastoral		
	Projection / PowerPoint		
	Sign Language		
	Sound Technician		
	Teaching – Adult learners		
	Teaching – Child learners (age 1-5)		
	Teaching – Child Learners (Age 6-12)		

Musician and Singer Information

*Being approved for instruments/vocals does not affect your acceptance into Nitro.

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 skills 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 Nitro, Nitro participants will have an opportunity to try out for worship teams and, if approved, may be invited to join an IHOP Atlanta Worship Team. Live tryouts occur at IHOP Atlanta every month. If you think there is any chance you will be interested in trying out at some point during Nitro, please fill out the following information.

Singer? Yes No

If so, describe your experience:

Instrumentalists? Yes No

Instrument(s)_____

If so, describe your experience:

Have you led worship? Yes No

If so, describe your experience:

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 or playing an instrument on the platform.

Signature: _____ Date: _____

Personal Reference Form

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Last Name: _____ First Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

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 your acceptance to Nitro. 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.

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: nitro@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 observation?
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 Nitro at the International House of Prayer Atlanta?

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:

7. Recommendation of this applicant for Nitro at IHOP Atlanta:

- Highly Recommend Recommended
 Recommend with reservations Do not recommend

Please explain your recommendation:

Signature: _____ Date: _____

Upon completion of this form, please send to:

IHOP Atlanta
Nitro Personal Reference
1625 Collins Hill Road
Lawrenceville, GA 30043

Pastoral Recommendation- Nitro

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Last Name: _____ First Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

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 your acceptance to Nitro. 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 / email 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 or mother is the pastor, another staff minister should act as pastoral reference.

While it is not required or expected that any IHOP Atlanta Nitro participant or staff member consider IHOP their church family, we recognize it is possible that, as a result of their time spent at IHOP, they may desire to make that 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 the 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:
5. What are the strengths and spiritual gifts of the applicant according to your observation?
6. What is your assessment of the applicants' weaknesses?
7. What is the applicant's effect on his/her peers?
 Positive Neutral Negative Unknown
8. Are there any complex family factors that might affect the applicant's service at the International House of Prayer Atlanta?
9. My recommendation for this applicant to participate in Nitro at the International House of Prayer Atlanta:
 Highly recommend Recommend with reservations
 Recommend Do not recommend

Pastor's Signature _____ Date _____

Upon completion of this form, please send to:

IHOP Atlanta
Nitro Personal Reference
1625 Collins Hill Road
Lawrenceville, GA 30043