



# JOSHUA

## INTERNSHIP

**IHOP ATLANTA INTERNSHIP APPLICATION  
A DAYTIME TRAINING PROGRAM FOR MATURE ADULTS  
OVER 50**

*"So take diligent heed to yourselves to love the LORD your God."  
Joshua 23:11*

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

Please e-mail any questions regarding the Joshua Internship or this application to [joshua@ihop-atlanta.com](mailto:joshua@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 "Joshua Internship" 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  
Joshua Internship Application  
1625 Collins Hill Road  
Lawrenceville, GA 30043

The **application deadline** is ***four weeks prior to the start date*** of the Joshua 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.

## **Joshua Internship Guidelines**

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

**Vacation:** With the exception of those break times scheduled by the Joshua leadership team, and those agreed upon by the Joshua Director with individual Joshua participants prior to the start of the program, additional personal vacations will not be permitted during the Joshua Internship. Examples of such additional vacations would include: family reunions, graduations, weddings, concerts, other personal events, etc. Joshua is to be valued as a season of consecration unto the LORD.

**Health Insurance:** Each applicant should provide for his or her own health insurance coverage. Neither IHOP Atlanta nor the Joshua 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 Joshua participant must provide their own reliable transportation for the duration of Joshua. Exceptions are possible with prior approval. All Joshua 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, but not required that Joshua 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.

**Addictions:** You are expected to be free of any personal addictions (to alcohol, drugs, tobacco, pornography, etc.) before applying for the Joshua Internship. Due to the intensity of this program, it is recommended that you be free from any such addictions for at least six months prior to your arrival. Our desire is for Joshua participants to be able to focus their undivided attention upon the Lord, rather than struggling with frequent temptations in the area of a recently-overcome addiction.

**Attendance:** Attendance during all scheduled Joshua 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 Joshua.** For this reason, each Joshua participant must have sufficient funds to cover any personal expenses that they may incur throughout the duration of the Joshua program. The total amount needed will vary depending on each participant's personal preferences, financial obligations, and spending habits. Joshua 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 Joshua and plan accordingly.

## **Joshua Internship Cost Information**

**The total registration cost for the Joshua Internship will be \$850.00 for individuals, \$1400 for couples.**

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

### **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 each 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. This deposit is required for each applicant.

**2 weeks prior to start of Joshua: Remainder of 3-Month Tuition:**  
Tuition for Joshua Internship includes, intern classes, GSM classes, conferences, books, and mp3's.

Individual.....**\$600**  
Couple.....**\$900**

**Total cost for an Individual \$850.00**

**Total cost for a Couple \$1400.00**

## **Application Form for Joshua Internship at IHOP Atlanta**

For married couples, both spouses must fill out their own application

### **PHOTO REQUIRED**

*Paste a recent  
Photograph of  
yourself here*

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

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

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

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

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

Email \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ 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 the Joshua Internship.

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

2. Spouse or next of kin: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address of next of kin: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_



6. Please list employment for the past five years

Name	City, State	Dates Employed	Position Held
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

8. Details of Church background [Please include name(s), denomination(s), date(s).]

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9. Are you currently involved in a local church? [ ] Yes [ ] No (if no, please explain)

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

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11. History of previous ministry involvement:

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

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13. What would you consider to be your weaknesses?

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14. List some of your hobbies and interests:

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15. 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						

Comment on any of the above:

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16. Health Information

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

<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>	Arthritis, (Either Rheumatoid or Osteo)
<input type="checkbox"/>	Chronic Pulmonary Disease such as Asthma, Emphysema, COPD, or Chronic Bronchitis	<input type="checkbox"/>	Drug Abuse (including cigarettes & prescription drugs such as pain killers, sleeping pills, tranquilizers, and muscle relaxants)
<input type="checkbox"/>	Chronic Fatigue Syndrome or Fibromyalgia	<input type="checkbox"/>	Heart Disease such as Congestive Heart Failure (CHF) or Coronary Artery Disease
<input type="checkbox"/>	Epilepsy or Seizure Disorder	<input type="checkbox"/>	Depression Mild and/or Chronic
<input type="checkbox"/>	Sleeping Disorder (Including Insomnia and Snoring)	<input type="checkbox"/>	Medical Allergies
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	

[ ] Other Conditions not listed:

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

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Current Medications \_\_\_\_\_

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

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18. Do you have any health issues, physical disabilities or limitations that require special care or could hinder your involvement in the internship? (Please explain)

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

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

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21. What led you to desire to come to IHOP Atlanta for the Joshua Internship? (How did you hear about us? What events led you to apply for participation in the Joshua Internship? Why do you want to come?)

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22. Do you have a vehicle to bring to the Joshua Internship?  Yes  No

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

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24. 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 supporting yourself apart from the tuition?

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25. How does your spouse or family feel about you attending the Joshua Internship?

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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 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: <a href="http://www.ihop-atlanta.com">www. ihop-atlanta.com</a> )
	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 Joshua Guidelines (See the Joshua Internship Guidelines page)
	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 Joshua is through serving others.
	I understand that outside employment during the Joshua Internship 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 the Joshua Internship 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**  
**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 the 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, Heron, IL 62948, (618) 942-8808.

**PLEASE TYPE OR PRINT LEGIBLY**

Applicant Name:

\_\_\_\_\_

Last First Middle

Address:

\_\_\_\_\_

Street City State Zip County

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drive's License # \_\_\_\_\_  
State \_\_\_\_\_

SS#: \_\_\_\_\_

Male / Female (Circle One) Race \_\_\_\_\_

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

Street Address	City	State	County	Dates	Mo/Year
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**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
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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.

**Gifting & 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"	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)		

## **Musician and Singer Information**

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

**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 the Joshua Internship, 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 the Joshua Internship, please fill out the following information.

**Singer?  Yes  No**

If so, describe your experience:

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**Instrumentalists?  Yes  No**

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

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 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 the Joshua Internship. **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.

### **THIS SECTION TO BE COMPLETED BY THE PERSONAL REFERENCE:**

This Personal 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: [info@ihop-atlanta.com](mailto:info@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?

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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 Joshua Internship at the International House of Prayer Atlanta?

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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 Joshua at IHOP Atlanta:

- Highly Recommend                       Recommended  
 Recommend with reservations         Do not recommend

Please explain your recommendation:

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8. Would you support the applicant's decision to move to Atlanta as an IHOP Atlanta Joshua Internship participant?  
 Yes     No

Please explain your recommendation:

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

**Upon completion of this form, please send to:**

**IHOP Atlanta**  
**Joshua Internship Personal Reference**  
1625 Collins Hill Road  
Lawrenceville, GA 30043

## Pastoral Recommendation- Joshua Internship

### **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 into the Joshua Internship. **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 family member is the pastor, another staff minister should act as pastoral reference.

While it is not required or expected that any IHOP Atlanta Joshua Internship 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](mailto: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?

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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 participate in the Joshua Internship at the International House of Prayer Atlanta:

Highly recommend  
 Recommend

Recommend with reservations  
 Do not recommend

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Pastor's Signature

Date

**Upon completion of this form, please send to:**

**IHOP Atlanta**  
**Joshua Internship Pastoral Reference**  
1625 Collins Hill Road  
Lawrenceville, GA 30043