



# International House of Prayer INTERNSHIP APPLICATION

Please select the program and dates you are applying for:

The One Thing Internship

☐ January/year\_\_\_\_\_ ☐ July/year\_\_\_\_\_

Fire In The Night

☐ January/year\_\_\_\_\_ ☐ April/year \_\_\_\_\_ ☐ July/year\_\_\_\_\_ ☐ September/year\_\_\_\_\_

Intro To IHOP-KC

☐ January/year\_\_\_\_\_ ☐ April/year \_\_\_\_\_ ☐ July/year\_\_\_\_\_ ☐ September/year\_\_\_\_\_

The Simeon Company

☐ January/year\_\_\_\_\_ ☐ April/year \_\_\_\_\_ ☐ July/year\_\_\_\_\_ ☐ September/year\_\_\_\_\_

## **Instructions:**

- 1) Select the program that you are applying to attend.
- 2) Select the month and year that interests you.
- 3) Visit [IHOP.org](http://IHOP.org) 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–KC 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 Info
- 10) Acknowledgement of Agreement
- 11) IHOP–KC Internship Guidelines
- 12) IHOP–KC Missions Base Foundational Commitments
- 13) IHOP–KC Vision Statement
- 14) IHOP–KC Statement of Faith
- 15) Pastoral Recommendation Form
- 16) Personal Reference Form
- 17) Background Check
- 18) Medical Release Form

## **Application Process:**

The application has 7 components. We require that you send in all six components together in 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) Background Check
- 7) Medical Release Form
- 8) **\$50.00** non-refundable application fee per person. Make checks payable to the International House of Prayer (IHOP–KC) with the applicant's name in the memo.

## **Mail to:**

International House of Prayer - Internships  
Attn: (insert name of internship)  
3535 East Red Bridge Road  
Kansas City, MO 64137

## **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. See IHOP.org.

## **PERSONAL INFORMATION**

Date \_\_\_\_\_

Choice of Internship \_\_\_\_\_ Tuition Amount \_\_\_\_\_

Your Name \_\_\_\_\_ Exact Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Contact Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

You are:

- ☐ a US Citizen
- ☐ a US National
- ☐ a Legal Permanent Resident
- ☐ Legally Present in the US
- ☐ Currently Residing Abroad

Type of Visa \_\_\_\_\_

Please attach a photo  
of yourself here.

## **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 to IHOP–KC or the Simeon Company 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 Kansas City with you:

Register this child for Into to IHOP-KC

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>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"/> <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 Kansas City 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"/> <input type="checkbox"/>	<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 and 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, 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			
_____	_____	_____	<input type="checkbox"/> Regularly
<input type="checkbox"/> Occasionally			
_____	_____	_____	<input type="checkbox"/> Regularly
<input type="checkbox"/> Occasionally			
_____	_____	_____	<input type="checkbox"/> Regularly
<input type="checkbox"/> 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-KC Intern?

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

## **PERSONAL EVALUATION**

Please assess yourself in the following:

	Uncertain	Weak	Good	Outstanding
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–KC interests you the most.
3. How did you hear about the International House of Prayer in Kansas City?
4. What led you to apply for an internship?
5. Have you applied for or attended any training program at IHOP–KC in the past? ☐yes ☐no If yes, list which programs, the dates you attended/applied and why you are attending/applying again.
6. How do you plan on paying for the full amount of the program tuition?
7. Select your program below and answer accordingly:

☐ The One Thing Internship or ☐ Fire In The Night The program tuition includes three meals a day in the cafeteria and dorm-style housing. Beyond tuition, how do you plan on supporting yourself for additional expenses like laundry, phone, personal supplies and recreation?

☐ Intro to IHOP-KC or ☐ The Simeon Company The tuition does not include any housing or meals. If you are raising your own support there are minimum financial requirements for support that must be met: Single \$700/mo, Married \$1,400/mo., and Married with Children \$1,600/mo. Beyond tuition, please explain your financial plans for support, insurance, transportation, housing, food and other expenses.

8. Do you plan on bringing a vehicle to the internship? ☐yes ☐no If no, please explain how you will get around.
9. 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.
10. 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 10 of this application).
  - b. Is the person you are currently dating in an internship or program at IHOP-KC 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) Why did you choose this particular internship? What do you hope to gain?
- 5) Are you planning on joining the IHOP-KC staff after the program?
- 6) An explanation why you may or may not want to eventually join ministry staff at IHOP-KC

## **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 (includes cigarettes & prescription drug) |
| <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? ☐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 been accused and or reported for physically or sexual abusing someone? ☐yes ☐no If yes, please explain.
  
6. Have you ever been convicted of a crime? ☐yes ☐no If yes, please explain.
  
7. Do you have or have you ever had any life-controlling mental, sexual, emotional or relational issues? ☐yes ☐no If yes, please explain.



8. 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>

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.

**NOTICE:**

The following form is necessary for all applicants to fill out.

Each intern will have service hours during their internship. Some of those hours may include working with the children's ministry. It is required that each applicant fill out the below background check in order to have a complete application.

## *AUTHORIZATION FOR BACKGROUND CHECK FOR IHOP-KC*

[Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process or for continued employment.]

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**DRIVER'S LICENCE#** \_\_\_\_\_

**DRIVER'S LICENCE STATE:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize IHOP-KC to investigate my background and qualifications for the purpose of evaluating whether I am qualified for the internship for which I am applying for. I understand that IHOP-KC will utilize an outside firm or firms to assist it in checking such information and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done and my application for the internship will not be processed further.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify, defend IHOP-KC and each of its officers, directors, employees, volunteers, agents, representatives, as well as any third parties, if any, that IHOP-KC or its affiliates contact, directly or indirectly, regarding my application to, or future services of IHOP-KC or its affiliates, harmless from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands what so ever, and any and all related attorney's fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become an Intern w/ IHOPU.

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

\_\_\_\_\_  
Internship's Name –PLEASE PRINT

**NOTICE:**

The following form is necessary for all applicants to fill out. It is required that each applicant fill out the below Medical Release Form in order to have a complete application.

## Emergency Medical Release Form *rev. 10.08*

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMERGENCY CONTACT INFORMATION: (*MUST be Parent, Spouse or other Adult Relation*)**

YOUR LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

YOUR PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT PERSON'S NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

PHONE/S: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PRIMARY HEALTH INSURANCE PROVIDER:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

POLICY CONTACT NAME: \_\_\_\_\_ RELATED

AS: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHYSICIAN

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PREFERRED

HOSPITAL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If over 18 at the beginning of the school term:

I, \_\_\_\_\_, give consent for IHOPU and its leadership staff to pursue emergency medical treatment on my behalf. I will not hold IHOPU or its staff, or the International House of Prayer of Kansas City responsible for any injuries or health related matters.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 at the beginning-to be signed by a parent/legal guardian

I, (parent/guardian's name) \_\_\_\_\_, give consent for IHOPU and its staff to pursue emergency medical treatment for \_\_\_\_\_, in my absence. I will not hold IHOPU or its staff or the International House of Prayer of Kansas City responsible for any injuries or health related matters.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Disclosure of Medications Prescribed Under Doctor's Supervision *rev. 10.08***

I'm currently on the following medications and these medications are being prescribed and regulated by the following doctor(s):

(Medication)	(Doctor's name)	(phone #)
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to continue with these medications throughout my time at IHOP under the supervision of my doctor's care. I do realize that failure to keep up with my medications under my doctor's care is grounds for my immediate dismissal.

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

**In case of an emergency, whom may we contact?**

**Name:** \_\_\_\_\_ **Relationship to Applicant:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **ACKNOWLEDGEMENT OF AGREEMENT**

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

- ☐ I have read and agree with the IHOP–KC Internship Guidelines.
- ☐ I have read and agree with the IHOP–KC Missions Base Foundational Commitments.
- ☐ I have read and agree with the IHOP–KC Vision Statement.
- ☐ I have read and agree with the IHOP–KC 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, I understand if any information is false it can jeopardize my acceptance into the program or be grounds for dismissal from the program.

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

## **IHOP–KC Internship Guidelines**

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

**Internship Dating Policy:** While attending an internship at IHOP–KC, 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 session 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–KC community. We desire to bring glory Jesus with our bodies and clothing. We also ask that when on any ministry platform at IHOP–KC please wear un-torn and clean clothing and shoes.

**Health Insurance:** Applicants should provide their own health insurance coverage. Neither IHOP–KC 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–KC Missions Base Foundational Commitments**

### **For All IHOP–KC Staff, Students and Interns**

IHOP–KC acknowledges our call to live worthy of the Gospel. We understand that the imposition of external “rules of behavior” is not our ideal to motivate people to holiness. Our motivations for holiness are love for Jesus and people, not the pressure of imposed rules. However, in the spirit of Galatians 3:21-23, we recognize the need for standards to be set in place until the character of Christ is formed in us as articulated in the Sermon on the Mount (Matthew 5-7). It is in this spirit that we affirm the following:

The IHOP–KC Missions Base is a community of believers who have committed themselves to Jesus as Lord to live as forerunners in the spirit of John the Baptist, preparing the way for the second coming of Jesus Christ. This commitment governs the way we live our private lives and the way we relate to others.

The IHOP–KC community seeks to witness to authentic Christian discipleship by living with integrity, purity and love.

The IHOP–KC community asks all its staff members (full-time staff, part-time staff, students, interns,) to commit to live counter to the prevailing moral laxity of our society by not participating in or condoning sexual activity outside of marriage, the use of illegal drugs and to refrain from public or social (a gathering that involves or may influence anyone outside the context of immediate family members) use of alcoholic beverages, tobacco, or gambling. We believe that it is an essential commitment in view of our calling as a community to reach young adults.

## **IHOP–KC Vision Statement**

To call forth, train and mobilize worshipping intercessors who operate in the forerunner spirit as end-time prophetic messengers. To establish a 24-hour a day prayer room in Kansas City as a perpetual solemn assembly that gathers corporately to fast and pray in the spirit of the Tabernacle of David as God's primary method of establishing justice. Our first priority is to keep the charge of this Prayer Sanctuary and then to send out teams to plant houses of prayer in the nations after God grants a breakthrough of His power in Kansas City.

## **IHOP–KC Statement of Faith**

**WE BELIEVE** that only the sixty-six books of the Bible are the inspired, and therefore 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 of 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 that 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.

## **IHOP–KC Statement of Faith (continued)...**

**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.

**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 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. 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,  
or on anything else that we do,  
please visit [IHOP.org](http://IHOP.org).



## INTERNATIONAL HOUSE OF PRAYER – KANSAS CITY

### PASTORAL RECOMMENDATION FORM

TO BE COMPLETED BY THE APPLICANT:

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Internship Program and Start Date \_\_\_\_\_ Email \_\_\_\_\_

☐ I waive my right to see this character reference. ☐ 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 this form directly to the applicant in a sealed envelope. If you have any questions, please email us at [info@ihop.org](mailto:info@ihop.org).

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 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-KC?

10. Please 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 .....	[ ]	[ ]	[ ]	[ ]	[ ]
Courtesy .....	[ ]	[ ]	[ ]	[ ]	[ ]
Leadership skills .....	[ ]	[ ]	[ ]	[ ]	[ ]
Reliability .....	[ ]	[ ]	[ ]	[ ]	[ ]
Teachability .....	[ ]	[ ]	[ ]	[ ]	[ ]
Physical health .....	[ ]	[ ]	[ ]	[ ]	[ ]
Emotional stability .....	[ ]	[ ]	[ ]	[ ]	[ ]
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 – KANSAS CITY

### PERSONAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Internship Program and Start Date \_\_\_\_\_ Email \_\_\_\_\_

☐ I waive my right to see this character reference.      ☐ 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 well for a minimum of three 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 [info@ihop.org](mailto:info@ihop.org).

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-KC 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-KC?
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 .....	[ ]	[ ]	[ ]	[ ]	[ ]
Courtesy .....	[ ]	[ ]	[ ]	[ ]	[ ]
Leadership skills .....	[ ]	[ ]	[ ]	[ ]	[ ]
Reliability .....	[ ]	[ ]	[ ]	[ ]	[ ]
Teachability .....	[ ]	[ ]	[ ]	[ ]	[ ]
Physical health .....	[ ]	[ ]	[ ]	[ ]	[ ]
Emotional stability .....	[ ]	[ ]	[ ]	[ ]	[ ]
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 Kansas City as an IHOP-KC Intern? ☐ Yes ☐ No Why or why not?

**ADDITIONAL COMMENTS:**

Signature\_\_\_\_\_Date\_\_\_\_\_