

Onething IHOP Jax Internship

Application process is as follows:

1. The applicant has five components. We require that you send in all five components together in one packet.
 1. Application Form
 2. Photograph
 3. A typed personal testimony (see Application Form)
 4. Pastoral Recommendation (having known you for at least 2 years)
 5. \$60 non-refundable internship payment (checks payable to IHOP Jax)
2. Please complete and submit the above components no later than July 4thst, 2014. *Email info@ihopjax.org for exceptions.

Mail completed packet to:

IHOP Jax
1515 Prudential Drive, Bldg 600
Jacksonville, FL 32207

3. Once your application has been received and reviewed, our team will notify you via email of your status.
4. Upon acceptance, you will be notified by email and phone call to confirm attendance and other details.
(If you are not accepted, you will be notified by email.)
5. Please email our office at info@ihopjax.org if you have any questions during the application process.
*If you do not have an email account, please make every effort to set one up as this is the primary way we will correspond with you.

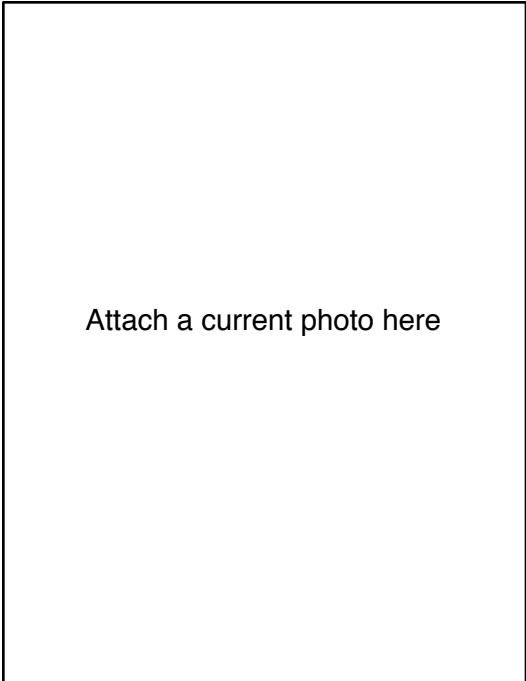
We look forward to meeting you and growing with you during this internship.

Onething IHOP Jax Internship Team
info@ihopjax.org | 904-399-1199 | www.ihopjax.org



APPLICATION FORM Onething IHOP Jax Internship

Date of Application _____ Male Female
Last/Family Name _____
First/Given Name _____ Middle Name _____
Address _____
City _____ State _____ Zip/Postal Code _____
Country _____
Home Phone _____ Cell Phone _____
Email _____
Date of Birth _____ Age (18-35 only) _____



LEGAL STATUS

Please check the box that applies to you:
 U.S. Citizen U.S. National U.S. Legal Permanent Resident

TESTIMONY (required)

Please share your testimony (1-2 pages typed), including when and how you came to the Lord Jesus, any current growth in your life with God, and any specifics of the call God has placed on your life. This information by no means disqualifies you from the internship. Your application will not be processed without your testimony.

FAMILY/CHURCH INFORMATION

1. Do you have any immediate family or guardians in Jacksonville?

2. Are your family and close friends supportive of you joining the internship? _____

*Emergency Contact: _____ Phone #: _____ Relation: _____

3. If you are married, please answer the following questions.

Spouse's Name _____ How long married? _____

- Does your spouse support you in joining the internship? Yes No

Do you have any children? _____

Table with 3 columns: Name, Age, Gender. Includes checkboxes for Male and Female for each row.



1. Are you currently involved in a local church? Yes No If yes, what church and what is your involvement?

2. Describe your previous ministry training and involvement.

3. Describe how your church or spiritual family feels about you joining the Onething IHOP Jax Internship.

PERSONAL EVALUATION

1. Please assess yourself in the following areas.

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

Additional Comments:

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

3. What would you consider to be your weaknesses or struggles?

4. How did you hear about IHOP Jax and what led you to apply to the Onething IHOP Jax Internship?



HEALTH INFORMATION (All information is confidential and does not necessarily exclude you from acceptance into the internship)

1. Do you have Health Insurance? _____

2. Do you have any physical disabilities, seizures, learning disabilities or physical conditions that require special care or medication? (If yes, please explain and list the medication for each) _____

3. Do you have any life-controlling issues (such as alcohol abuse, severe lust, drug use, suicidal thoughts, etc...) that will affect your time here at the Internship that we should be aware of? If so, are you receiving help? _____

4. Have you ever received counseling or psychological help for mental illness? If so, please specify: _____

5. Are you currently on medication for psychological problems? If so, please specify: _____

FINANCIAL INFORMATION

1. What is your plan for paying for the Internship? _____

2. What is your plan for paying for living expenses (Only if from out of town)? _____

3. Will you have access to a car during the internship? _____

I declare, concerning what 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

Please attach a \$60 (US Dollars) check to this application for Internship payment.
Make check payable to IHOP Jax. If needing to pay by credit card, please fill in the information below:

(3% fee is added to credit card payments)
 Visa Mastercard AmEx Discover

Name (as it appears on card) _____

CC# _____ - _____ - _____ - _____ Exp. Date: ____ / ____ 3-Digit Security Code: ____

Signature _____ Date _____



International House of Prayer Jacksonville
 1515 Prudential Drive, Building 600, Jacksonville, FL 32207
 Phone: 904-399-1199 | info@ihopjax.org

PASTORAL RECOMMENDATION FORM

Onething IHOP Jax Internship

TO BE COMPLETED BY THE APPLICANT

Name _____ Phone _____

Position Onething IHOP Jax Intern Position Start/Finish Dates July 14th – July 25th

Email _____

I WAIVE my right of access to this letter of reference. **(Recommended)**

Signature _____ Date _____

I DO NOT WAIVE my right of access to this letter of reference.

Signature _____ Date _____

TO BE COMPLETED BY THE PASTORAL REFEREE

*Please return this form to the applicant in a sealed and signed enveloped so that they may submit all components together.

If you have any questions, please email us at info@ihopjax.org.

Name _____

Church _____

Staff Position _____

Church Phone _____

Church Address _____

City, State, Zip/Postal Code, Country _____

Contact Phone _____

Email _____

1. How long have you known the applicant? How well do you know them?

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

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

4. According to your observations, what is your assessment of the applicant's weaknesses and struggles?

5. Are you aware of any complex family or relational factors that might affect the applicant's time at IHOP Jax?

6. Please assess the applicant in the following areas.

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

7. Do you recommend this applicant for the Onething IHOP Jax Internship?

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

** If "Do not recommend" the applicant will be informed to see their pastor.

* Please explain:

Additional comments or explanations not already covered:

Signature _____ Date _____