



Eastern Gate

INTERNSHIPS

3 MONTH INTERNSHIP (~ 12 hours a week consisting mainly of weekends)

Admissions decisions will not be made until we receive your **complete** application. All forms should be sent together in one packet. Packet should include:

1. Application form, completed and signed
2. Background Check Authorization form, completed and signed
3. Early deposit of \$100. Will be returned if applicant is not accepted.
4. Mail packet to *IHOP-EG Internships, 950 Raritan Road, Cranford NJ, 07016*. OR e-mail internships@ihopeg.org for instructions on dropping off application.
5. Applications must be received no later than March 26^h. You will receive an admission decision via e-mail.

FIRESTARTERS APPLICATION FORM

2017 Internships runs from April 2nd to July 2nd

***Missions & Evangelism is an elective that will include a ten day trip to Macedonia and added class time and field training.**

Missions & Evangelism

(Tentatively Wednesdays 6:30 – 8:30 PM)

(Visit www.ihopeg.org/internships for more information)

PERSONAL INFORMATION:

Last Name: _____

First Name: _____

Address: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Date of Birth: ____/____/____

FAMILY INFORMATION:

1. Emergency Contact: _____ Relation to Applicant: _____
Home Phone: (____) _____ Cell Phone: (____) _____

2. Marital Status; check all that apply. Single Engaged Married Widowed Separated * Divorced *

* Please include an explanation:

EDUCATION, EMPLOYMENT, and MINISTRY BACKGROUND:

1. List senior high and institutions of higher education you have attended, with the most recent first. Add additional pages if necessary.

School Name	City, State	Dates attended	Diploma/degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. List current employment details, if you are currently employed.

Employer _____ City, State _____ Date _____

Phone _____ Supervisors _____

Responsibilities _____

3. List current church involvement.

Church name, city, and state	Dates	Senior Pastor	Attended (please circle) Regularly / Occasionally
_____	_____	_____	

3a. If you are not involved in a church, please explain:

4. Briefly describe your previous ministry training and involvement.

5. Do you speak English fluently? _____

6. Please list any languages that you speak fluently other than English: _____

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

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

9. Have you applied for or attended any training program at a House of Prayer before? (Please explain the nature of the training)

PERSONAL EVALUATION

Please be honest in answering the questions below. The internship is a season of consecration not only for you, but also for all interns. In the level of community that this season requires, it is better for IHOP-EG leadership to have this information on the front-end. It will not be disseminated outside of IHOP-EG leadership.

1. Please describe any substance abuse or addictions you may have or are currently dealing with.

2. Please describe any strong mental, emotional, physical or relational issues that you have had or are currently dealing with.

Here are some examples that serve as a reference for answering #1 and #2 above.

- | | |
|---|--|
| <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Mild depression | <input type="checkbox"/> Drug abuse, including cigarettes and prescription drugs |
| <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, etc. |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Insomnia or other sleeping disorders | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV or AIDS |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Communicable diseases _____ |

REFERENCE CONTACTS

Please list the contact information of three people including your pastor for a reference check. Please let them know that they may or may not be contacted for a phone interview. The referees must be unrelated to the applicant and must have known the applicant for at least two years. The pastoral referee must be unrelated to the applicant and must have known the applicant for at least one year.

Personal Contact #1

Name: _____

E-mail: _____

Phone: _____

Personal Contact #2

Name: _____

E-mail: _____

Phone: _____

Pastoral Contact

Name: _____

E-mail: _____

Phone: _____

INTERNSHIP FEE

Each internship season costs \$250 for the cost of materials, teachings, and retreat. An early deposit of \$100 will be required with the submission of an application. The remainder of the fee can be made out via check to IHOP-EG, via Paypal at IHOPEG.ORG, or at the base's deposit box. If submitting at the deposit box, make sure payment is in an envelope that has your name and the internship that you are applying for. The full balance of \$250 must be made no later than one month after the start of the internship (March 13 2016).

DATING POLICY

The internship season is a 3 month season of consecration. Therefore, to limit distractions we ask that dating and courting to be put on hold during the length the internship. Interns in a relationship before beginning the internship (dating, courting, or engaged) may continue their relationship. The specifics will be discussed at the internship orientation.

IHOP-EG MISSIONS BASE FOUNDATIONAL COMMITMENTS

We recognize that external rules of behavior are not the highest ideal for any Christian community and desire that our motivation for holiness would be love for Jesus and His people, not rules. In this spirit we affirm the following:

The IHOP-EG community expects all its staff members (all staff, students, and interns), to make a personal commitment to live counter to the prevailing moral laxity of our society by not participating in, advocating, supporting, or condoning sexual activity (heterosexual or homosexual) outside of marriage between a man and a woman as set forth in the Scripture. Further, we will demonstrate our commitment to Christ and to each other by refraining from the use of tobacco, and the public or social use of alcoholic beverages. We ask that every intern have a teachable spirit, a willingness to learn, and that they are sincere in their pursuit of holiness.

IHOP-EG VISION STATEMENT

We desire:

1. To call forth, train, and mobilize intercessors to live a life of prayer as they preach the gospel, heal the sick, help the needy, make disciples, and seek to bring transformation to society; to make it our aim to personally live as fully de- voted disciples of Jesus who operate in the forerunner spirit.
2. To establish a perpetual solemn assembly in the NY/NJ metro region by gathering corporately to fast and pray, because we recognize this as essential to establishing justice in society.
3. To train others to plant houses of prayer, churches, and/or marketplace ministries as the Spirit leads.

ACKNOWLEDGMENT OF AGREEMENT

Please initial below:

- I have read, agree with, and will abide by the IHOP-EG guidelines.
- I have read, agree with, and will abide by the IHOP-EG Missions base foundational commitments.
- I have read and agree with the IHOP-EG vision statement.
- I understand that my program at IHOP-EG will include physical ministry training and service to others.
- I understand that I must be true and responsible to my attendance commitment.
- I declare that the information I have provided in my application is true, accurate, and complete to the best of my knowledge.
- I understand that providing false information in my application may be grounds for denial of my application and/or dismissal from any IHOP:EG intensive.

Signature: _____

Date: ___/___/___

BACKGROUND CHECK AUTHORIZATION

Due to IHOP-EG's Children's Equipping Center, we require everyone who is officially involved with IHOP-EG to fill out and sign this form to authorize a background check. This written authorization is required to complete the application process.

Name: _____

Date of Birth: ___/___/_____

Social Security Number: ____-____-_____

Driver's License Number: _____

Issuing state of Driver's License: _____

Complete address as listed on Driver's License: _____

Have you ever been reported to a Social Service Agency / Department of Family Services? YES / NO

If yes, please explain:

Have you ever been accused of or reported for physical or sexual abuse? YES / NO

If yes, please explain:

I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the International House of Prayer Eastern Gate (IHOP-EG) to investigate my background and check references as it relates to my proximity with children and youth during the internship I am applying for. I understand this could also include a police background check as well as investigation by professional agencies. 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.

Signature: _____

Date: ___/___/_____