



IHOP-Macon
MISSIONS BASE

www.ihopmacon.org

The Yearning Internship Application

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

Once complete, please mail all documentation and application fee to:

IHOP-Macon Internships

P.O. Box 26548

Macon, GA 31221

www.ihopmacon.org

For questions regarding this application, please call IHOP-Macon at 478-405-0050



Application Process Simplified

I. The application packet has eight components.

- 1) Application Form
- 2) Personal Photograph
- 3) Your 1-2 page personal testimony, typed. (See application for instructions)
- 4) Gifting and Experience Form
- 5) Musician/Singer Information
- 6) Pastoral Recommendation Form (This Form must be sent in by your Pastor)
Please allow at least a week for your Pastor to complete this form. It must be postmarked.
- 7) Personal Reference Form (This form must be sent in by your Reference)
Please allow at least a week for your Reference to complete this form.
- 8) \$10.00 non-refundable application processing fee.

Make checks payable to IHOP-Macon with “Internship” on the memo line.

II. Have all components mailed by the specified date on the website to:

IHOP-Macon Internships
P.O. Box 26548
Macon, GA 31221

III. Upon receipt of your application, we will contact you by e-mail or telephone to set up a time for an interview with you. We will notify you of your acceptance within one week of the interview.

IV. Upon acceptance into The Yearning – IHOP-Macon Internship, you will receive a letter of acceptance by mail, e-mail, or phone.

V. The total cost for The Yearning Internship will be \$190.00 plus the \$10.00 non-refundable application fee. The total fee must be received in good order by IHOP-Macon by the specified date on the website.

VI. The dates for the Yearning Internship are specified on the website.



Internship Guidelines

Teachability: One of the most important requirements for acceptance into The Yearning Internship Program is that the applicant should have a teachable spirit. Each intern 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 these truths (Isaiah 1:18, Proverbs 2). Teachability also runs into community life and each intern should be willing to submit to the instruction of the leadership team without offense (Heb. 13:7).

Dating: During the two month training session in Macon, dating is not permitted for interns. The purpose of The Internship is to give oneself to God without any distractions. This time is to be utilized to further establish a standard of intimacy with God that will last a lifetime. We are confident that, if you separate yourself unto the LORD during this season, your reward will far outweigh the sacrifice.

Health Insurance: Each applicant should provide for his or her own health insurance coverage. Neither IHOP-Macon nor The Yearning Internship program will be able to cover hospitalization and/or visits to a physician or other health professional.

Housing: Each applicant should make arrangements for his or her own room and board during the two month period in Macon. Because of scheduling and time issues, commuting more than twenty five miles one way is discouraged.

Vehicle: Since the scheduling of the ministry assignments are both frequent and varied, each intern must provide their own reliable transportation for the duration of The Yearning Internship. Exceptions are possible with prior approval. All interns who do not have a vehicle are still held responsible for their own transportation needs.



PERSONAL/FAMILY INFORMATION

Required

Please attach a recent
photograph of yourself

Name _____

First M.I. Last

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Birth date _____ Age _____

Social Security # _____

US Citizen

Legal Permanent Resident

US National

Legally Present in the U.S.

Type of visa _____

1. Father or Guardian: _____ Living Deceased

Address _____ Phone () _____

City _____ State/Province _____ Zip/Postal _____

2. Mother or Guardian: _____ Living Deceased

Address _____ Phone () _____

City _____ State/Province _____ Zip/Postal _____

3. Marital Status: [] Single [] Dating [] Engaged [] Married [] Separated [] Divorced

Personal Testimony

4. Please share your testimony, including the highs and lows of your life. We encourage you to share some of the negatives (pressures, difficulties, weaknesses) that still affect you today, in order to help us understand you. Include at least a paragraph on your passion for prayer. The testimony should be one to two pages, typed on separate paper and stapled to the application.

Your application will not be processed without your testimony.



10. Details of church background: [Please include name(s), denomination(s), date(s)]

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

12. List your current local church, how long have you been there and areas of current involvement:

13. History of previous ministry involvement outside of your church: _____

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

15. What would you consider to be your weaknesses? _____

16. List some of your hobbies and interests: _____



17. What led you to come to IHOP-Macon for The Yearning Internship?
(How did you hear about us? What events led you to apply as an intern? Why do you want to come?)

18. In what capacity would you like to be involved with the International House of Prayer – Macon?
(Intercessor, Singer, Musician, Worship Leader? If Worship Leader, what instrument(s) do you play?)

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

20. How does your family feel about you becoming an IHOP-Macon Intern? _____

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

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

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

24. In case of an emergency, whom may we contact?

_____ (_____) _____ (_____) _____
Emergency Contact's Name Cell Phone Number Home Phone Number

_____ _____
Work Phone Number Emergency Contact's Relationship to Applicant



Please assess yourself in the following areas:

Personal Assessment Area	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity						
Devotion to Christ						
Integrity and Honesty						
Openness to Correction						
Self-Discipline						
Willingness to Serve						
Ability to Work with Other						
Communication Skills						
Courtesy						
Leadership Skills						
Reliability						
Teachability						
Emotional Stability						
Physical Health						
Family Life						

26. Please check if you have ever had any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Mild depression | <input type="checkbox"/> Chronic Depression |
| <input type="checkbox"/> Chronic Fatigue Syndrome | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Sleeping Disorder (include Insomnia) |
| <input type="checkbox"/> Alcohol or Drug Abuse | <input type="checkbox"/> Eating Disorders | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Medical Allergies | <input type="checkbox"/> Other |

If any of the above items were checked, please comment (use back of page if needed): _____

27. Please acknowledge your agreement with the following statements by initialing each sentence in the space provided and signing your name below:

- I have read and agree with the IHOP-Macon Statement of faith (www.ihopmacon.org). _____
- I understand that I am to have a foundational knowledge of the Christian faith and feel that I do. _____
- I have read and agree with the Internship Guidelines (see page 2). _____
- I understand that room, board, and transportation will be my own responsibility. _____
- I understand that I will be expected to minister unto the LORD through serving others. _____
- I understand that I may not be employed during The Internship and, therefore, must secure finances sufficient to cover my tuition and non-tuition expenses in advance. _____
- I understand that The Internship is part of a much larger movement which is in constant transition and change and that this may affect my experience. _____

Your Signature

Date



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 Experience
Accounting / Financial			
Administrative / Clerical			
Bookstore			
Computers (Microsoft, Excel, Access)			
Construction / Maintenance			
Counseling			
Creative Writing			
Dance / Drama / Production			
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			
Music			
Nursery			
Painting			
Pastoral			
Projection / PowerPoint			
Sign Language			
Sound Technician			
Teaching – Adult learners			
Teaching – Child learners (age 1-5)			
Teaching – Child Learners (Age 6-12)			
Teaching – High School			
Teaching –College / Career			
Tutoring			
Typing (indicate wpm)			
Web Development			
Worship			
Youth Ministry (age 12-18)			



Musician and Singer Information

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

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.

During the course of The Yearning, Interns will have an opportunity to try out for worship teams and, if approved, may be invited to join an IHOP-Macon Worship Team. If you think you will be interested in trying out at some point during the internship, please fill out the following information:

Singer? Yes No If so, describe your experience: _____

Instrumentalist Yes No Which instruments? _____

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 IHOP-Macon Worship Team.

I have set my heart to love the Lord with my gifts, whether or not that involves singing/playing over a microphone or on the platform.

Signature

Date



Pastoral Recommendation – The Yearning Internship IHOP-Macon

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Last Name: _____ First Name: _____
 Street Address: _____ Apt. _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

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 Yearning 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 this recommendation form 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 is the pastor, another staff minister may act as pastoral reference. Please attach a personal letter of recommendation for this applicant on church letterhead stationary. Mail this form with attached letter to

IHOP –Macon
 P.O. Box 26548
 Macon, GA 31221

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 applicant's challenges?

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 in Macon?

9. My recommendation for this applicant to serve as staff at the International House of Prayer - Macon:

- Highly recommend Recommend with reservations
- Recommend Do not recommend

Pastors Signature

Date



Personal Reference Form - The Yearning Internship IHOP-Macon

THIS SECTION TO BE COMPLETED BY THE APPLICANT:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____

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 Yearning 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.

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. Please attach a personal letter of recommendation for this applicant and mail to: IHOP –Macon

P.O. Box 26548
Macon, GA 31221

Your Name: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____ Day 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 observations?



4. What is your assessment of the applicant's challenges? _____

5. 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 w/ Others						
Communication Skills						
Courtesy						
Leadership Skills						
Reliability						
Teachability						
Emotional Stability						
Physical Health						
Family Life						

Comments on any of the above: _____

6. My recommendation for this applicant to serve as full-time or part-time staff at the International House of Prayer - Macon:

- Highly recommend Recommend with reservations
 Recommend Do not recommend

Please explain your recommendation:

Signature: _____ Date: _____