

**Personal Information**

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

Address: \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_ City State ZIP Code

Cell Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Are you interested in a single class (which) or the Full Internship? \_\_\_\_\_

**Which FSM courses have you completed?**

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Intro to IHOP-Miami: "Vision & Values" | Date of Completion: _____ |
| <input type="checkbox"/> Sermon on the Mount                    | Date of Completion: _____ |
| <input type="checkbox"/> First Commandment                      | Date of Completion: _____ |
| <input type="checkbox"/> Book of Song of Solomon                | Date of Completion: _____ |
| <input type="checkbox"/> Book of Revelation                     | Date of Completion: _____ |
| <input type="checkbox"/> Overview of God's End-Time Plan        | Date of Completion: _____ |
| <input type="checkbox"/> Book of Daniel                         | Date of Completion: _____ |
| <input type="checkbox"/> Foundations of Biblical Prayer         | Date of Completion: _____ |
| <input type="checkbox"/> The Existence & Attributes of God      | Date of Completion: _____ |
| <input type="checkbox"/> History of Night & Day Prayer          | Date of Completion: _____ |
| <input type="checkbox"/> God's Purpose For Israel               | Date of Completion: _____ |
| <input type="checkbox"/> Book of Acts/Early Church              | Date of Completion: _____ |
| <input type="checkbox"/> Biblical Grace                         | Date of Completion: _____ |
| <input type="checkbox"/> Studies in the Biblical Priesthood     | Date of Completion: _____ |
| <input type="checkbox"/> Evangelism Practicum                   | Date of Completion: _____ |
| <input type="checkbox"/> Preaching Practicum                    | Date of Completion: _____ |
| <input type="checkbox"/> Music Theory 101                       | Date of Completion: _____ |
| <input type="checkbox"/> Harp & Bowl Practicum                  | Date of Completion: _____ |
| <input type="checkbox"/> Other: _____                           | Date of Completion: _____ |

### Christian History

How long have you been a Christian? \_\_\_\_\_

Have you been baptized in water?  Yes  No In what church? \_\_\_\_\_

Have you been baptized in the Holy Spirit w/ speaking in tongues?  Yes  No

What church do you currently attend? \_\_\_\_\_

If you are an IHOP-Miami member, what areas are you involved in or interested in serving in?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Prayer Room         | <input type="checkbox"/> Life Groups           | <input type="checkbox"/> Media/Communications |
| <input type="checkbox"/> Worship Team        | <input type="checkbox"/> Finance/Business Team | <input type="checkbox"/> FSM Teaching         |
| <input type="checkbox"/> Bound4LIFE          | <input type="checkbox"/> Events Planning       | <input type="checkbox"/> Usher/Corporate Svc  |
| <input type="checkbox"/> <b>Other:</b> _____ |  |   |

If you are NOT an IHOP-Miami member, what church do you attend? \_\_\_\_\_

### Pastoral Reference

Name: \_\_\_\_\_ Church: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_

*Last, First, M.I.*

Relationship

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_