

# Application Process

## First, get your reference forms out...

\_\_\_ Give a reference form to each of the following people:

- Your pastor or youth pastor
- A personal friend

These should be given to people who know you well and have known you over an extended time (at least 2 years). We suggest that you include a self-addressed, stamped envelope with our address on it (see below) to encourage your references to send the forms back to us as quickly as possible.

## Then, fill out these short documents...

- \_\_\_ Application Form
- \_\_\_ A typed 1-2 page personal testimony

## All that's left is to send it in...

- \_\_\_ Attach a recent photograph to your application
- \_\_\_ Include a \$20.00 application fee (checks made to Bethany International) and send in to:

Bethany House of Prayer  
6820 Auto Club Road Suite P  
Bloomington, MN 55438

Only once we receive your application with all other necessary documents will we begin processing your application and notify you of its status.

Upon acceptance, we will notify you and send you information concerning enrollment, on-campus housing, our food program, orientation, etc.

Feel free to email [info@bethanyhouseofprayer.org](mailto:info@bethanyhouseofprayer.org) with any questions.

# BHOP Intercessory Missionary Application

**Please attach a recent photograph here.**

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

Telephone: ( \_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Marital Status:  Single  Engaged  Married\*  Divorced

\*Spouse's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Do you have children?  YES\*  NO

*Children's Names	Gender	Age	Birthdate
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

**Type of housing requested:**

**Single room - \$225/Month (dual occupancy)**

**Single Room - \$325/Month (single occupancy)**

**More than one room needed (monthly food and housing fee increases \$225/month for each additional room)**

**Preferred Start Date:**  **Summer 2008**  **Fall 2008**  **Winter 2009**  **Spring 2009**

**Educational/Employment History**

1. Please list any educational institutions you have attended over the past 5 years.

Name	Address	Dates	Degrees Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please list any employment you have had over the past 5 years.

Name	Address	Dates	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Ministry Information**

3. Please briefly explain your church background.

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4. Please briefly describe any past ministry experience that you've had.

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5. Are you currently involved in church ministry? Please explain.

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**Strengths and Weaknesses**

6. What would you say are your greatest areas of strength?

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7. What would you say are your greatest areas of weakness?

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8. In what ways would you like to see yourself grow and mature in these areas?

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**Giftings Information**

9. What are some of your giftings and talents (ex: worship leading, musical abilities, preaching, design, sound tech, design, etc.)? Please be as specific as possible.

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10. What are some of the areas (from question 9) that you would like to see yourself grow and mature in?

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**Health Information**

Please circle either "Yes" or "No" for the following:

11. Do you have any health issues (physical disabilities, illness, etc) that require special care? **Y / N**

12. Have you ever engaged in self-destructive behavior (suicide attempt, eating disorder, drug/alcohol abuse, etc). **Y / N**

13. Have you ever been diagnosed with debilitating anxiety and/or depression? **Y / N**

\*If you answered "Yes" to any of the above questions, please explain for each item (on a separate sheet of paper):

- The dates, duration, and details.
- Any treatment received and its outcome.
- Any ways in which the issue(s) will affect you while at BHOP.

14. Do you have any form of health insurance? **Y / N**

I, the applicant, have read and agree with the BHOP Statement of Faith and the BHOP Lifestyle Agreement and declare all information given in this application to be true.

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Signature Date

If you have any questions concerning this application or the application process, please feel free to email [info@bethanyhouseofprayer.org](mailto:info@bethanyhouseofprayer.org)

# BHOP PASTORAL REFERENCE FORM

**To the applicant:** Please print your name and address on the lines below, and give this reference to someone you have known for two years or longer. If your pastor is also a family member, please give the reference to an associate pastor, youth group leader, or elder.

**Please note: All references are held in strict confidence and will not be shown to the applicant.**

**Name of applicant** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address City State Zip Code

**Phone Number (\_\_\_\_\_) E-mail Address** \_\_\_\_\_

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**Your Name** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address City State Zip Code

**Daytime Phone Number (\_\_\_\_\_) E-mail Address** \_\_\_\_\_

**How long have you known the applicant? In what capacity?** \_\_\_\_\_

**Please check all of the following reasons that you feel may be motivational in the applicant's desire to come to BHOP:**

- |  |   |
|--|---|
| <input type="checkbox"/> Escape from commitment                          | <input type="checkbox"/> Seeking the Lord for direction             |
| <input type="checkbox"/> Failure in past endeavors/needs a new start     | <input type="checkbox"/> Desire to encounter God                    |
| <input type="checkbox"/> Lack of other options                           | <input type="checkbox"/> Desire to see houses of prayer established |
| <input type="checkbox"/> To find support in dealing with personal issues | <input type="checkbox"/> Unknown                                    |

**To your knowledge has the applicant had a history of, or is currently experiencing any of the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Substance abuse            | <input type="checkbox"/> Chronic Depression               |
| <input type="checkbox"/> Criminal conviction/Parole | <input type="checkbox"/> Psychiatric Treatment/Counseling |
| <input type="checkbox"/> Debilitative Anxiety       | <input type="checkbox"/> Eating Disorders                 |

**Please indicate the approximate dates of any item you marked above:** \_\_\_\_\_

**Please comment on any of the above items that you have marked:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the applicant financially responsible? Yes No If "No" please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please mark any of the following descriptions that you observe to be true of the applicant.**

1. Physical health

- Frequently incapacitated
- Somewhat below average
- Healthy
- Very fit
- Obsessive about fitness and diet

2. Social Skills

- Avoided by others
- Tolerated by others
- Liked by others
- Well-liked
- Very popular

3. Intelligence

- Learns and thinks slowly
- Somewhat below average
- Average
- Alert; has a good mind
- Extraordinary; exceptional mental ability

4. Response to difficulties

- Easily angered
- Frequently depressed
- Defensive
- Tends to withdraw
- Easily discouraged
- Responds constructively
- Overcomes with ease and grace

5. Teamwork

- Frequently causes friction
- Difficulty working under authority
- Insists on having his/her own way
- Usually cooperative
- Respects the views and opinions of others
- Thrives in team situations

6. Emotional Responsiveness

- Oblivious to the needs of others
- Self-centered/immature
- Inconsistent, but makes an effort to help others
- Understanding and thoughtful
- Consistently loving towards others

7. Willingness to serve

- Reluctant to serve
- Willing, but on his/her own terms
- Struggles with follow-through
- Eager to serve

8. Achievement

- Does not commit to any tasks
- Starts tasks but does not finish
- Undependable/not trustworthy
- Does only what is assigned
- Eager to improve/self motivated
- Proactive/enthusiastic

9. Leadership potential

- Dependant on the leadership of others
- Tries, but lacks ability
- Lacks self-confidence, but has potential
- Natural leader
- Driving/easily inspires others to follow

10. Christian experience

- Uncertain
- Superficial
- Legalistic
- Genuine, but immature
- Evident, and growing
- Mature/solid

**Is there anything else that you think BHOP should know as we evaluate the applicant's application?**

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- I do not recommend the applicant
- I recommend the applicant with reservations

- I recommend the applicant
- I highly recommend the applicant

**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to: Bethany House of Prayer  
6820 Auto Club Road Suite P  
Bloomington, MN 55438**

# BHOP PERSONAL REFERENCE FORM

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**Please note: All references are held in strict confidence and will not be shown to the applicant.**

**Name of applicant** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address City State Zip Code

**Phone Number (\_\_\_\_\_) E-mail Address** \_\_\_\_\_

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**Your Name Relationship to Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street Address City State Zip Code

**Daytime Phone Number (\_\_\_\_\_) E-mail Address** \_\_\_\_\_

**How long have you known the applicant? In what capacity?** \_\_\_\_\_

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| <input type="checkbox"/> Failure in past endeavors/needs a new start     | <input type="checkbox"/> Desire to encounter God                    |
| <input type="checkbox"/> Lack of other options                           | <input type="checkbox"/> Desire to see houses of prayer established |
| <input type="checkbox"/> To find support in dealing with personal issues | <input type="checkbox"/> Unknown                                    |

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|---|---|
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| <input type="checkbox"/> Criminal conviction/Parole | <input type="checkbox"/> Psychiatric Treatment/Counseling |
| <input type="checkbox"/> Debilitative Anxiety       | <input type="checkbox"/> Eating Disorders                 |

**Please indicate the approximate dates of any item you marked above:** \_\_\_\_\_

**Please comment on any of the above items that you have marked:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the applicant financially responsible? Yes No If "No" please explain:** \_\_\_\_\_

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\_\_\_\_\_

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**Your signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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