



# WORSHIP Intensive Application

## Application Process:

1. Return this completed application with \$25 application fee to:  
SHOP  
PO Box 13502  
Salem, OR 97309  
*\*To pay with cash or credit card, please return application in person*
2. Follow instructions for Pastoral Reference Form (last 2 pages of application)
3. We will contact you by phone to set up an interview
4. We will email you a confirmation of your acceptance to the Worship Intensive

## Course Information:

Course begins **September 8<sup>th</sup>** and ends **December 1<sup>st</sup>, 2016**. Classes will be held **every Thursday from 5:30-9pm**.

**Cost:** \$225 for Early Registration, \$250 for Regular Registration  
Price includes meals and books.

### Payment due dates:

- **\$25 due** at time of application
- **\$200** due by **August 11<sup>th</sup>** for Early Registration
- OR -
- **\$225** due by **August 27<sup>th</sup>** for Regular Registration

*Payments can be made by cash, check or credit card.*

**Thank you for your interest in the Worship Intensive!**

# WORSHIP INTENSIVE APPLICATION

## September 8<sup>th</sup> - December 1<sup>st</sup>, 2016

### Personal:

Name \_\_\_\_\_ Phone( ) \_\_\_\_\_ Texting OK? \_\_\_Yes \_\_\_No

Birthdate: \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle one of the following:

Sex: Male Female Marital Status: Single Married Divorced Widowed Are you a U.S. Citizen? \_\_\_Yes \_\_\_No

Do you have a criminal record? \_\_\_Yes \_\_\_No If yes, please include details, dates and outcomes typed on a separate sheet.

### Education/Family:

#### Education:

List high schools and institutions of higher education that you have attended (most recent first):

School Name	City / State	Dates Attended	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

#### Family:

Spouse's Name (if married): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Children (Names and Ages): \_\_\_\_\_

#### If Under 21:

Father's name \_\_\_\_\_ Living? \_\_\_ Phone( ) \_\_\_\_\_

Mother's name \_\_\_\_\_ Living? \_\_\_ Phone( ) \_\_\_\_\_

### Employment/Finances:

Occupation/Current Job \_\_\_\_\_

Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Do you see any potential conflicts in your ability to pay your tuition? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

### Spiritual:

When did you accept Christ as your personal Savior? \_\_\_\_\_

Have you been baptized in the Holy Spirit? \_\_\_Yes \_\_\_No

Do you attend Church regularly? \_\_\_Yes \_\_\_No

How long have you been attending regularly?\_\_\_\_\_

Have you in the past few years left another Church? \_\_\_Yes \_\_\_No Where?\_\_\_\_\_

If yes, was it a good parting or are there unresolved issues?\_\_\_\_\_

In what ways are you actively involved in your home Church?\_\_\_\_\_

Home Church/Denomination:\_\_\_\_\_

Pastor's Name\_\_\_\_\_ Phone( )\_\_\_\_\_

Church Address\_\_\_\_\_

If attendance at Church is inconsistent or for less than 6 months please explain:\_\_\_\_\_

State any Christian services you have been involved in recently:\_\_\_\_\_

### **Statement of Purpose**

Briefly describe your personal journey in Christ, your present walk with the Lord, and your life vision/goals. You may type or print your statement below. (Attach more pages if necessary)

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Please describe any previous ministry training you have received (i.e. Bible college, internships, etc.):

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Briefly explain how you found out about the Worship Intensive and what you hope to gain, learn, and receive:

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Do you feel called to full-time ministry? \_\_\_Yes \_\_\_No

If so, describe the call that you feel God has placed on your life:

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Please describe any past or present life-controlling (mental, emotional, relational or sexual) issues:

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Have you applied for or attended any training program at SHOP in the past? \_\_\_Yes \_\_\_No If yes, list which programs, the dates you attended/applied and why you are attending/applying again.

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Do you see any potential conflicts in your ability to attend all 12 weeks of this course? \_\_\_Yes \_\_\_No  
If yes, please explain: \_\_\_\_\_

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**For application to be complete-must include Pastoral/Leadership referral. Please see subsequent page.**

**Agreement:** I understand that any falsification of information on this application is grounds for dismissal at any time.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Salem House of Prayer**  
**WORSHIP Intensive**  
**Pastoral Recommendation Form**

TO BE COMPLETED BY THE APPLICANT:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_

**To the Applicant:** This recommendation form is to be completed by your (present or former) pastor or spiritual leader. In the case that the pastor is your parent or spouse, an elder or other church officer may act as pastoral reference.

You may waive your right to see this character reference. If you do, it is with the understanding that none of the information within the Pastoral Recommendation Form will be disclosed to you. Check the box which best represents your wishes. Failure to indicate a choice is the same as checking "I do not waive".

I waive my right to see this character reference.  I do not waive my right to see this character reference.

**To the Pastor/Spiritual Leader:** The above named is applying for admission to the WORSHIP Intensive at Salem House of Prayer. Thank you for your help in completing this confidential recommendation. If you have any questions, please email us at [info@salemhouseofprayer.org](mailto:info@salemhouseofprayer.org). Please return this form directly to SHOP at PO Box 13502, Salem, OR 97309.

Your Name \_\_\_\_\_ Church Name \_\_\_\_\_  
Your Position \_\_\_\_\_ Church Telephone ( ) \_\_\_\_\_  
Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

How long and how well have you known the applicant?

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Please describe the applicant's level of involvement in your church.

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What is the applicant's affect on his/her peers?

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

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What is your assessment of the applicant's weaknesses and/or struggles?

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Please assess the following based on your knowledge of the applicant:

Spiritual maturity	Not Observed__Weak__Fair__Good__Outstanding__
Devotion to Christ	Not Observed__Weak__Fair__Good__Outstanding__
Integrity and honesty	Not Observed__Weak__Fair__Good__Outstanding__
Open to correction	Not Observed__Weak__Fair__Good__Outstanding__
Self-discipline	Not Observed__Weak__Fair__Good__Outstanding__
Works unsupervised	Not Observed__Weak__Fair__Good__Outstanding__
Willingness to serve	Not Observed__Weak__Fair__Good__Outstanding__
Works with others	Not Observed__Weak__Fair__Good__Outstanding__
Communication skills	Not Observed__Weak__Fair__Good__Outstanding__
Courtesy	Not Observed__Weak__Fair__Good__Outstanding__
Leadership skills	Not Observed__Weak__Fair__Good__Outstanding__
Reliability	Not Observed__Weak__Fair__Good__Outstanding__
Teachability	Not Observed__Weak__Fair__Good__Outstanding__
Physical health	Not Observed__Weak__Fair__Good__Outstanding__
Emotional stability	Not Observed__Weak__Fair__Good__Outstanding__
Family life	Not Observed__Weak__Fair__Good__Outstanding__

**ADDITIONAL COMMENTS:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_