

**Personal Information**

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

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

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

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

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

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

Are you interested in a single class (which) or the "Intro to IHOP-Miami" Internship ? \_\_\_\_\_

**Which FSM courses have you completed?**

<input type="checkbox"/> Sermon on the Mount	Date of Completion: _____
<input type="checkbox"/> Song of Solomon	Date of Completion: _____
<input type="checkbox"/> Book of Revelation	Date of Completion: _____
<input type="checkbox"/> Harp & Bowl Training	Date of Completion: _____
<input type="checkbox"/> Foundations of Biblical Prayer	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?

<input type="checkbox"/> Prayer Room	<input type="checkbox"/> Small Groups	<input type="checkbox"/> FSM
<input type="checkbox"/> Worship Team	<input type="checkbox"/> Financial Committee	<input type="checkbox"/> Usher/Corporate Svc
<input type="checkbox"/> Bound4LIFE	<input type="checkbox"/> Other Events	
<input type="checkbox"/> Other: _____		

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: ( ) \_\_\_\_\_