



CDI – APPLICATION PROCESS

1. The application has five components. We ask that you submit all five components together in one packet.
 1. Application Form.
 2. A typed or written personal testimony.
 3. Pastoral Recommendation Form.
 4. Personal Reference Form.
 5. \$50.00 non-refundable application fee via, check, PayPal (to info@chicagohouseofprayer.org) or Credit Card (through the bookstore) (make checks payable to Chicago House of Prayer).
2. Please complete and submit this application no later than September 20th to CDI staff or mail it to:
Camp David Forerunner School of Prayer
364 Commons Drive
Bolingbrook, Illinois 60440
3. Once we have received your application, our team will review it and then schedule a personal follow up interview.
4. If you have any questions please feel free to contact us at info@chicagohouseofprayer.org.



2011: CDI - APPLICATION

Date: _____
Name (first,middle,last): _____
Street Address: _____
City: _____
State: _____
Zip: _____
Home phone: (____) _____
Cell phone: (____) _____
E-mail: _____
Birthdate: ____/____/____
Age: _____ [] Male [] Female

1. Please share your testimony. (On separate piece of paper).

PERSONAL / FAMILY INFORMATION

2. Father or Guardian: *(if applicable)* _____
Address _____ Phone (____) _____
City _____ State/Province _____ Zip/Postal Code _____
3. Mother or Guardian: *(if applicable)* _____
Address _____ Phone (____) _____
City _____ State/Province _____ Zip/Postal Code _____
4. Are your parents or guardians supportive of your desire to attend CDI?
 Yes NO Unsure (explain) _____
5. Marital Status:
 Single Married* Widowed Divorced

6. Is your spouse supportive of your desire to attend CDI? *(if applicable)*

Yes NO Other (explain) _____

7. If you have any children, please list each name, sex, and birth date.

Yes NO

8. Do you speak any language(s) in addition to English?

EDUCATIONAL / OCCUPATIONAL BACKGROUND

9. Year of High School Graduation: _____

Type of High School: Public Private Home School GED

MINISTRY AND GIFTINGS INFORMATION

11. Do you currently attend a local church? Yes NO

If Yes Name of Church _____

12. How long have you attended your church and in what areas are you involved?

13. Please list any other previous church and/or ministry involvement:

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. Please try to assess the following in yourself:

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Forgive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUTURE GOALS

27. What are you hoping to learn from this internship?

28. What are your goals for the future? What vision do you have for life and ministry?

29. How do you plan to financially support yourself during the Internship?

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

Name: _____

Phone Number: _____ Relation of Emergency Contact to Applicant: _____

31. How did you hear about the Camp David Internship

I declare that I have provided to the best of my knowledge and belief that the facts presented to support my application are true, correct and complete.

Signature: _____

Date: _____



CDI – PASTORAL RECOMMENDATION

This recommendation form is to be completed by the applicant's (present or former) pastor. In the case that the applicant's father is the pastor, an elder or other church officer may act as pastoral reference. Please return this form directly to the applicant. If you have any questions, you may email them to [.Info@chicagohouseofprayer.org](mailto:Info@chicagohouseofprayer.org)

Applicant's Name: _____

Church Information:

Pastor's Name: _____

Church Name: _____

Address: _____

Church Telephone: (____)_____ Your Position: _____

Home Telephone: (____)_____ Email: _____

1. How long have you known the applicant? _____

How well? Very well Fairly well Casually By name/sight

2. Please describe the applicant's level of involvement in your church. (Check all that apply)

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Attends regularly | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Interested |
| <input type="checkbox"/> Attends irregularly | <input type="checkbox"/> Involved | <input type="checkbox"/> Distant |
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Willing to help | |

3. Has the applicant served your congregation in any capacity? If so, please give a brief description.

4. What are the strengths and spiritual gifts of the applicant according to your observations?

5. What is your assessment of the applicant's weaknesses?

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

Positive Neutral Negative Unknown

7. Please try to assess the following based on your knowledge of the applicant.

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Forgive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

8. Are there any complex family factors which might affect the applicant's studies during the Camp David Forerunner School of Prayer?

9. Would you have the applicant on your staff? Yes NO

Why or why not?

10. I recommend this applicant for the Forerunner School of Ministry.

- Highly recommend Recommend
- Recommend with reservations* Do not recommend*

*Please explain concerns below or add your comments:

Signature _____ Date _____



CDI – PERSONAL RECOMMENDATION

This recommendation form is to be completed by a friend or relative, one who has known the applicant for at least 5 years. Please return this form directly to the applicant. If you have any questions, you may email them to Info@chicagohouseofprayer.org

Applicant's Name: _____

Your Information:

Name: _____

Address: _____

Home Telephone:(____)_____ Email:_____

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. Are there any complex family factors which might affect the applicant's studies at the Camp David Forerunner School of Prayer?

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

- Positive Neutral Negative Unknown

6. Please try to assess the following based on your knowledge of the applicant.

	Uncertain	Weak	Fair	Good	Very Good	Outstanding
Spiritual Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Devotion to Christ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity and Honesty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to correction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Forgive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any of the above:

7. Would you support your friend's decision to spend the next nine months at the Camp David Forerunner School of Prayer?

8. I recommend this applicant for the Forerunner School of Ministry.

- Highly recommend Recommend
- Recommend with reservations* Do not recommend*

*Please explain concerns below or add your comments:

Signature _____ Date _____