

(Application package includes: Personal Application, Pastoral Reference Form, Character Reference Form)

NHOP Prayer Missionary Program

Application form

Please complete each page of this application and send to:

National House of Prayer

Attn: Prayer Missionary Program
17 Myrand Ave. Ottawa, ON, K1N 5N7

Email: info@nhop.ca Fax: 613-789-6831

Date: _____

Name: _____ Date of Birth _____ Gender: M/F

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

Email: _____ Marital Status: _____

Church Information

Name of Church _____ Name of Pastor _____

Church phone number _____ Length of Attendance _____

Church or Pastor's email _____

1. Describe what you believe to be the Lord's direction for your life in the long-term, and outline any sense of gifting, experience, and natural ability that would tell us more about you.

Life Direction:

Gifting, Experience, Abilities:

2. Outline (briefly) your conversion and the events leading up to that time.

3. Outline your spiritual growth since that time.

4. Comment on your devotional life. Include such issues as Bible reading, worship and prayer. Are you meeting your expectations for personal spiritual growth?

5. Please describe your relationship with your local church. Comment on areas of ministry, service, leadership experience, and relationship with your leadership.

6. What led you to consider being involved in **the NHOP Prayer Missionary Program**?

7. Are you willing to submit to monitoring and loving correction, if necessary? Yes No

8. Have you given the reference forms to your pastor and another character reference person? Yes No

Applicant's Signature

Date

Applications and the 2 reference forms must be submitted for consideration for the Prayer Missionary Program.

Applicants Name: _____

Address: _____

City: _____ Postal Code: _____

Phone number: _____ Email: _____

Church: _____ Pastor: _____

Pastor's phone number: _____ Pastor's Email: _____

Pastoral Reference Form for NHOP Prayer Missionary Program
National House of Prayer
Attention: Prayer Missionary Program
17 Myrand Ave. Ottawa, ON, K1N 5N7

info@nhop.ca ph: 613-789-4907 Fax: 613-789-6831 www.nhop.ca

I confirm my intent to have my Pastor complete the following assessment form and send it to NHOP directly, and I waive my right to see this form.

Signed _____
(name of applicant)

Date: _____

Dear Pastor _____

We at the National House of Prayer have received an application from _____ to be considered for our Prayer Missionary Program.

Would you also kindly give answers to the following questions:

1. How long have you known the applicant? _____

2. In what areas of church life has the applicant served, and in what areas is he/she currently serving?

3. In what ways has the applicant shown that he/she has a servant heart, a capacity to work as part of a team, as well as a love for God and the family of God?

4. How would you assess his/her responses in inter-personal relationships?

5. How has the applicant shown him/herself to have a teachable spirit?

6. What other prayer experience has the applicant had?

7. Are you aware of any major problems in the applicant's life that have not yet been resolved (eg. lack of repentance, unforgiveness, impurity, anger)? Please elaborate.

8. How able do you consider the applicant to be in hearing the promptings of the Holy Spirit?

9. How do you feel they will deal with the many denominational backgrounds and prayer styles they will encounter with our visiting prayer teams?

10. Any other comments:

11. Would you recommend the applicant as a student in our Prayer Missionary Program?

- a. Without reservation Yes/No
- b. With reservation. (In this event, please give details, however brief)

Signed _____ Church _____

Dated _____

Applicant's Name: _____

Address: _____

City: _____ Postal Code: _____

Phone number: _____ Email: _____

Church: _____ Reference's Name: _____

Reference's phone number: _____ Reference's Email: _____

Character Reference Form for NHOP Prayer Missionary Program
National House of Prayer
Attention: Prayer Missionary Program
17 Myrand Ave. Ottawa, ON, K1N 5N7

info@nhop.ca

ph:613-789-4907

Fax: 613-789-6831

www.nhop.ca

I confirm my intent to have my Reference complete the following assessment form and send it to NHOP directly, and I waive my right to see this form.

Signed _____
(name of applicant)

Date: _____

Dear Reference _____

We at the National House of Prayer have received an application from the above applicant to be considered for our Prayer Missionary Program.

Would you also kindly give answers to the following questions:

1. How long have you known the applicant? _____

2. In what areas of church life has the applicant served, and in what areas is he/she currently serving?

3. In what ways as the applicant shown that he/she has a servant heart, a capacity to work as part of a team, as well as a love for God and the family of God?

4. How would you assess his/her responses in inter-personal relationships?

5. How has the applicant shown him/herself to have a teachable spirit?

6. What other prayer experience has the applicant had?

7. Are you aware of any major problems in the applicant's life that have not yet been resolved (eg. lack of repentance, unforgiveness, impurity, anger)? Please elaborate.

8. How able do you consider the applicant to be in hearing the promptings of the Holy Spirit?

9. How do you feel they will deal with the many denominational backgrounds and prayer styles they will encounter with our visiting prayer teams?

10. Any other comments:

11. Would you recommend the applicant as a student in our Prayer Missionary Program?

- c. Without reservation Yes/No
- d. With reservation. (In this event, please give details, however brief)

Signed _____ Church _____

Dated _____