



DURHAM
HOUSE of PRAYER

*Seeking God, Seeing Transformation
...Night and Day!*

DHOP Ministry Application Form

Application Content

Please Verify that this packet has all components enclosed before commencing the application process.

1. Application Process
2. Applicant Identification Information Form
3. Ministry/Gifting Information Forms
4. Pastoral Recommendation Forms
5. Personal Recommendation Forms

About the Durham House of Prayer

Vision

“Seeking God, Seeing transformation...Night and Day”

Mandate

The Durham House of Prayer is a developing prayer furnace, serving the Body of Christ in the Durham Region. We are committed to finding God’s heart and hearing His voice together in prayer and in worship. Our focus is to seek God’s presence and then to see transformation in the Durham region and ultimately, in the nation.

Here at the Durham House of Prayer we want the fire of God’s presence not only in our hearts but changing the very atmosphere of the Durham Region. We are seeking to serve and partner with churches, ministries and those in the marketplace who are committed to prayer, worship, fasting and the Word of God.

Ultimately we desire to keep the fire of prayer and worship burning night and day - 24/7.

Your Involvement

One question that you must ask yourself before completing this application form is; **will this be a response to a call or leading of the Lord on your life?**

Please acknowledge your agreement with the following statements by initialing each of the boxes and signing your name:

- I have read and agree with the Vision and Mandate of the Durham House of Prayer.
- I understand that I am to have a foundational knowledge of the basics of the Christian faith.
- I understand that I will be expected to minister to the Lord by serving others.
- I understand that DHoP is part of a much larger movement which is in constant transition and change that may affect my experience and time commitment.

Signature: _____ Date: _____

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Application Process

The Application Process is as follows:

1. The application has six components. We ask that you send in all 6 components together in one packet.

This includes:

- 1) The Application Form
- 2) Photograph
- 3) Personal testimony, including: (Space is provided in the application on page 4)
 - i. Your personal journey in Christ
 - ii. Goal's for the future: vision for life and ministry
 - iii. Expectations for your time with the DHoP ministries
- 4) Pastoral Recommendation
- 5) Personal Reference
- 6) A \$5 non-refundable application fee per applicant

REMEMBER: All six components should be submitted together

2. Send the application packet to:

DHOP Application Director
1308 Duncan Ave.
Oshawa, ON L1K 2Y2

3. Once we have received your application, our team will review it and notify you of your application approval, at which time your live audition will be scheduled (please note: auditions are only applicable if you are applying to join our worship, dance or tech team).
4. Upon reviewing your application, we will contact you via telephone to let you know if you have been accepted. We will also do our best to answer any questions that you may have.

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Ministry / Gifting Information

1. When did you become a Christian? Please explain briefly.

2. Details of church background: (please include name, denomination, dates)

3. Are you currently involved in a local church? yes no (If *no*, please explain)

4. What is the name of your church, how long have you been there and areas of current involvement:

5. History of previous ministry involvement:

6. What would you consider to be your gifts and talents (spiritual & natural)?

7. What would you consider your weaknesses?

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8. List some of your hobbies and interests:

9. Please tell us what led you to the Durham House of Prayer:

(How did you hear of us? What events led you to apply?)

10. Describe what aspect of ministry at DHoP you are most interested in and why:

11. Please assess yourself in the following areas:

	<u>Uncertain/Not Observed</u>	<u>Weak</u>	<u>Fair</u>	<u>Good</u>	<u>Very Good</u>	<u>Outstanding</u>
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"/>
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"/>
Willingness to learn	<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"/>
Physical health	<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"/>

12. Comments on any of the above:

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Pastoral Recommendation Form

To be completed by the Applicant:

Last Name: _____ First name: _____

Address: _____ Email: _____

Please note that this reference is confidential and that your Pastor is to submit this form directly to the Durham House of Prayer. Understand that none of the information within this character reference for will be disclosed to you.

To the Pastor / Church Leader:

Your understanding is that the applicant is planning on joining the Durham House of Prayer ministry team, which would not exclude them from their attendance/commitment to their local church: yes no

This application is to be completed by the applicant's current pastor or ministry leader. In the case that the applicant is/was the pastor or is related to the pastor, a church elder or assistant pastor may fill it out. Please return the form directly to the Durham House of Prayer in a sealed envelope. If you have any questions, please email info@durhamhop.com. Thank you for your involvement in this important phase of the applicant's life.

Your Name: _____ Position: _____

Church Name: _____

Address: _____

Church Telephone: _____ E-mail: _____

1. How long have you known the applicant? _____

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

2. Please assess 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	<input type="checkbox"/> Faithful
<input type="checkbox"/> Other: _____		

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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/struggles?

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/Not Observed	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"/>
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"/>
Teachability	<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"/>
Physical health	<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"/>

8. Are there any complex family or relational factors which might affect the applicant's service at the Durham House of Prayer?

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Personal Reference Form

To be completed by the Applicant:

Last Name: _____ First name: _____

Address: _____ Email: _____

You may waive your right to see this character reference with the understanding that none of the information within will be disclosed to you. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee.
Please note: failure to indicate a choice is the same as checking the "I do not waive" box.

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

To the Personal Reference:

This personal recommendation is to be completed by a friend (not a spouse or relative), who has known the applicant for at least 5 years if possible. Please return this form directly to the applicant in a sealed envelope. If you have any questions, please email: info@durhamhop.com. Thank you for your involvement in this important phase of the applicant's life.

Your Name: _____

Address: _____

Telephone: _____ E-mail: _____

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

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5. Are there any complex family or relational factors which might affect the applicant's service at the Durham House of Prayer?

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

	Uncertain/Not Observed	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"/>
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"/>
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Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachability	<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"/>
Physical health	<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"/>

7. Recommendation of this applicant to the Durham House of Prayer:

- Highly recommended Recommended
 Recommended with reservations* Not recommended*

*Please explain any concerns below.

Signature: _____ Date: _____