

Gordon-Conwell Theological Seminary
Mentored Ministry Department
130 Essex Street, Box 241
South Hamilton, MA 01982
(978) 646-4119 - Fax: (978) 646-4197, E-mail: khorvath@gordonconwell.edu

Mentored Ministry

APPLICATION TO MENTOR

General Information:

Your Name _____

Church or Ministry Name _____

Church or Ministry Address: _____

City: _____ State: _____ Zip _____ Denomination (if applicable): _____

Church or Ministry E-mail or web site: _____

Your Home Address: _____ City: _____ State: _____ Zip _____

Home or Cell Phone _____ Your E-mail: _____

Personal Denomination (if different from church or ministry) _____

Name of student you currently mentor or plan to mentor (if applicable): _____

Education: (List colleges and graduate schools attended.)

School	Location	Dates	Degree
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Career: (List your professional work experience since college)

Position	Location	Full or part-time	Year(s)
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Supervisory Training: (Comment on whether you are certified at another seminary as a supervisor, and/or your experience in supervising ministry students.)

Please complete both sides

For Office Use: E-Mail Response; Type: _____
 Mentor DB entry Student DB (if applicable) E-Connection List Folder Letter Archive

Mentoring Skills: (Please discuss why you would like to supervise/mentor a student. Please indicate the skills and qualities you possess that you feel make you a good mentor)

Biographical Information: (Write a brief paragraph discussing your background, your goals and dreams)

Theological Thought: (What is the prevailing spiritual/theological issue that means the most to you?)

Personal: (What are your hobbies and interests?)

Please list two references that we may call regarding your character and ability to mentor:

A Spiritual Leader/mentor: _____
E-mail & phone: _____

Someone you have Discipled/Mentored: _____
E-mail & phone: _____

Signed _____ Date _____

_____ Approved _____ Not Approved	
Signed:	(Asst. Dir./Dir. of Mentored Ministry) Date: