

Semlink Mentored Ministry

Gordon-Conwell Theological Seminary
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APPLICATION TO MENTOR

Please print or type.

Name _____ Denomination _____

Address _____ Telephone _____

Church/Project _____ Denomination _____

Address _____ Telephone _____

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

Education: (List colleges and graduate schools attended.)

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

Position	Name & location of ministry	Full or part-time	Time Frame
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Supervisory Training: (Comment on supervisory training you may have received, whether you are certified at another seminary, and your experience in supervising ministry students.)

Please complete both sides

For Office Use: <input type="checkbox"/> E-Mail Response; Type: _____ <input type="checkbox"/> Mentor DB entry <input type="checkbox"/> Student DB (if applicable) <input type="checkbox"/> Folder <input type="checkbox"/> Letter Archive
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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: _____ (Director of Mentored Ministry) Date: _____