

Mentored Ministry

Gordon-Conwell Theological Seminary
130 Essex Street, Box 241
South Hamilton, MA 01982

Overseas Missions Practicum

APPLICATION TO MENTOR

(978) 646-4119 - Fax: (978) 646-4197, E-mail: khorvath@gordonconwell.edu

YOUR NAME _____ Title: _____

MINISTRY NAME _____

In-Country Ministry Address _____

_____ In-Country Phone: _____

Secure personal E-mail: _____ Denominational affiliation: _____

Home Base Ministry Address -: _____

Web Site: _____ Phone: _____

Name of student or team you 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 and ministry 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.)

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 _____

<i>For Office Use Only</i>	_____ Approved _____ Not Approved
Signed:	(Asst. Dir./Dir. of Mentored Ministry) Date: