



OFFICE OF MENTORED MINISTRY

WESTMINSTER THEOLOGICAL SEMINARY
P.O. BOX 27009
PHILADELPHIA, PA 19118
215-572-3841

MENTOR'S APPLICATION

Please note: If you have ever mentored a Westminster student you need not complete this application

Name _____

Address _____

Email _____ Tel. # _____

Denomination (if any) _____

Student you will mentor initially _____ Today's date _____

EDUCATION: (List schools)

School _____ State _____ Dates _____ Degree _____

CAREER: (Professional work experience since college)

Church/Institution _____ Duties _____ Dates _____

MENTORING TRAINING: Describe (A) Mentoring training you have received, whether at another seminary or institution and (B) what experience you have had mentoring students.

IN THE MINISTRY SETTING:

Do you minister in a church or ministry with the following characteristics? Please answer yes or no to each and briefly support your answer.

1. Where students/interns are allowed and provided a range of ministry experiences rather than only one ministry function.
2. Where students/interns have the opportunity to directly minister to some persons over a period of time and can see the results.
3. Where students/interns are allowed some decision-making authority, some initiative in programming.
4. Where students/interns can observe effective ministry as well as provide it.

I have read the Mentored Ministry Manual of Westminster Seminary and I agree to observe the guidelines for mentors.

Signed

Date
