

MM520 and MM620 (KY/ExL) Mentor Profile

OFFICE USE ONLY		,	
Approved:		Student's Name	Term
Date:			
Your Name:			
Church/Institution Name:			
Office Address, City, State, Zip code:			
Office Phone:			
Cell Phone:			
Email:	Age (optional):		
Position held in church/institution:			
Denominational affiliation:		Yrs. In Min.:	
District/Region/Conference:	Ordination Status:		
Educational Background:			
College/Seminary/Cont. Ed.	Major	Degree	Years
1.			
2. 3.			
<i>.</i>			
Employment/Ministry Experience: (Last 4)			
Where Employed	Position/Title	Dates	
1.			
2. 3.			
4.			

How do you live out servant-leadership in your ministry?

What role do you play in your congregation's small groups?	
What aspect of ministry motivates you the most? Why?	
What other training or experience do you have that will help y	you in your Mentor role?
Please give an overview of your church/ministry setting (mission)	on, vision, location, history, methods, etc.)
Signature:	Date:
Please return this profile to:	
Kentucky & ExL Campuses: Attn: Debbie Mostad, Coordinator Mentored Ministry Office Asbury Theological Seminary 204 N. Lexington Ave. Wilmore, KY 40390 859-858-2061/859-858-2057 Fax deborah.mostad@asburyseminary.edu	
OFFICE USE ONLY	
Comments:	