

# MM720 (W/ExL)

## Mentor *and/or* On-Site Supervisor Profile

*Office Use Only*

*Approved:* \_\_\_\_\_

*Date:* \_\_\_\_\_

Student's Name	Term

Your Name:

Church/Institution Name:

Office Address, City, State, Zip code:

Office Phone:

Cell Phone:

E-mail:

Age (optional):

Position held in church/institution:

Denominational affiliation:

Yrs. In Min.:

Ordination Status:

**Educational Background:**

*College/Seminary/Cont. Ed.*

*Major*

*Degree*

*Years*

- 1.
- 2.
- 3.

**Employment/Ministry Experience: (Last 3)**

*Where Employed*

*Position/Title*

*Dates*

- 1.
- 2.
- 3.

How do you live out servant-leadership in your work setting?

What aspect of ministry motivates you the most? Why?

## **MM720 (W/ExL) Mentor *and/or* On-Site Supervisor Profile, *Continued***

What other training or experience do you have that will help you in your Supervisor/Mentor role?

Please give an overview of your church/agency setting (mission, vision, location, history, etc.)

### **MENTOR/ON-SITE SUPERVISOR'S COVENANT:**

I and the site I represent agree to give this student the opportunity to perform his/her ministry in this setting where I supervise. We will reflect on his/her ministry experiences and give directed focus to the Growth Goals set by the student. I agree to meet with the student for a one-hour-per-week supervisory/mentoring session as well as complete a Final Evaluation.

**Mentor and/or**

**On-Site Supervisor's 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](mailto:deborah.mostad@asburyseminary.edu)

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*Comments:*