

PASTORAL MENTORSHIP PROGRAM

WESTERN REFORMED SEMINARY

MENTOR APPLICATION

Name of Pastoral Mentor _____

Address _____

Phone _____ E-mail _____

Name of church to which student belongs _____

Denomination _____

What are the student's present duties in this church? _____

Will the student be allowed to participate under your direction in relevant aspects of the church's ministry as he progresses through the program? _____

If not, please explain _____

Are you the pastor of this church? _____ If not, name of pastor _____

If not, what is your relation to the church? _____

Your college/seminary degree(s) _____

If you do not have an M.Div. or its equivalent, what training do you have to enable you to assist the student in this academic program? _____

As God enables, I agree to serve as the Pastoral Mentor of this student.

(Signed) _____

Date _____