

**PASTOR'S RESPONSE FORM
SUPERVISED MINISTRY 1 & 2
FOR FALL 2005 and SPRING 2006**

Please provide the following Information:

Pastor's Name* : _____

Church: _____

Church Address: _____

Church Phone No.: _____

Church email address: _____

Pastor's Phone No.: _____

Pastor's email address: _____

*If you are unable at this time to supervise a team/student and there is another qualified church staff member (i.e. Associate/Asst. Pastor, Minister of Education) who would be able to supervise a team/student, please provide the above information for that staff member and have them respond to the items below. We will contact them with any necessary information. Also, please feel free to copy this form and have any other staff member(s) respond if they are also . Willing to serve as a supervisor during these semesters.

If you feel comfortable doing so, please let us know if you would be willing to continue your commitment for the Spring 2006 semester. This will help us a great deal in our planning!

Please Check all that apply:

_____ I will be available to supervise an evangelistic team with **Supervised Ministry I** students during the 2005-2006 academic year.
_____ Fall 2005 (which begins August 22, 2005)
_____ Spring 2006 (which begins January 22, 2006)

_____ I will be available to supervise a student in **Supervised Ministry II**
_____ Fall 2005 (which begins August 22, 2005)
_____ Spring 2006 (which begins January 22, 2006)

_____ I would like to find out more about what would be involved.

_____ I will not be available to supervise during the 2005-2006 academic year.

_____ I will attend the Supervisor's training on **[DATE]** from noon to 1:30 p.m.
(Lunch will be provided).

If you indicated that you are interested in supervising students during the Spring 2006 semester, we contact you in January 2006 with the appropriate dates and times for meeting with spring semester Supervised Ministry students.