

APPLICATION FOR SUPERVISED MINISTRY CREDIT
(based on previous supervised ministry experience)

Student's Name _____ Date _____

Address _____

Student Email _____ Mobile _____

Current Church _____ Position _____

Student's previous ministry experience:

Church	Position	Dates	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This form should be completed by the student and submitted to the District Board of Ministerial Development for review. The DBMD should add comments and make a recommendation to the Director of Ministerial Preparation concerning credit, then submit the form to Education and the Ministry. Final decisions concerning credit are made by Education and the Ministry.

1. Briefly outline what types of ministry you participated in during the period for which credit is requested.
2. Describe the type and extent of supervision involved in your previous situation. (How often did you meet with a supervisor? For how long? What did the supervision sessions entail?)
3. How was this ministry experience evaluated?
4. Identify at least four areas in which you believe you experienced significant personal and professional development through the supervised ministry experience. For each area, include at least two or three sentences describing what you learned. (Attach extra sheets if necessary.)

5. Describe your ability to relate to persons of various ages and types.

6. In what areas, personal and professional, do you feel you need further attention and equipping as you engage in full pastoral responsibilities?

REPORT ON CHECKLIST OF PASTORAL ACTIVITIES

Reports should be filled out jointly by student and supervisor. It is understood that it will not be possible for a student to observe and participate in all of the activities listed below. It is expected that all will be discussed, most will be observed, many will be participated in, and that there will be follow-up discussion on all participation. If there has been experience in a given activity **several times**, put "S" in the proper square: if **one or a few times**, put "Y" (for yes). If there has been no experience, leave the square blank.

Activity	Student & Mentor Discussed	Student Observed Mentor	Student Participated	Student & Mentor Evaluated
Basic pattern of Bible Study				
Basic pattern, sermon preparation				
Visitation-hospital				
Visitation-shut-in				
Visitation-elderly				
Visitation-prospects				
Visitation-community canvas				
Visitation-business, professional				
Visitation-evangelism				
Method of personal evangelism				
Method of discipling				
Membership training				
Membership reception				
Membership transfer				
Premarital Counseling				
Wedding(s)				
Marital Counseling				
Pre-funeral visit with bereaved				
Funeral(s)				
Post-funeral pastoral care				
Baptismal service				
Administering Lord's Supper				
Planning worship service				

Activity	Student & Mentor Discussed	Student Observed Mentor	Student Participated	Student & Mentor Evaluated
Preparing bulletin				
Conducting worship service				
Preaching				
Planning midweek service				
Conducting midweek service				
Planning special day observance (Christmas, Easter, etc.)				
Planning revival				
Planning missionary convention				
Conducting Missionary convention				
Preparing newspaper article				
Preparing newspaper ad				
Preparing agenda for LBA				
Session of LBA				
Session of LCC				
Sunday school organization				
Sunday School supervision				
Relation to auxiliaries (WWI, etc.)				
Office management				
Maintaining membership lists, etc.				
Property and legal matters				
Preparing annual church budget				
Managing church finances				
Preparing reports to LBA				
Preparing reports to District Conf.				
District responsibilities				
General church responsibilities				
Ministerial association				
Exposure to urban/ethnic ministries				

I attest that the above information is a true representation of my prior ministry experience.

Signature of Student

Date

To be completed by DBMD:

1. Was the student's prior experience supervised by a more experienced pastor?
Yes _____ No _____
Does the supervising pastor recommend credit be granted?
Yes _____ No _____
2. Was the student engaged in a broad range of full pastoral responsibilities (in contrast to narrowly defined responsibilities such as youth ministry)?
Yes _____ No _____
3. Did the student's supervision include discussion, observation, participation, and evaluation of ministry experiences and issues?
Yes _____ No _____
4. Was the experience comparable in duration to the Supervised Ministry requirement (four, eight, or twelve months)?
Yes _____ No _____
5. Does the DBMD have any reservations concerning this person's ability to function effectively in ministry?
Yes _____ No _____ If yes, please explain:

This recommendation has been reviewed by: _____ The full DBMD
_____ The DBMD Chairperson or Dist. Coordinator *only*

_____ The District Board of Ministerial Development hereby recommends that this student be granted credit for (4) (8) (12) months (Circle one) of Supervised Ministry.

_____ The District Board of Administration hereby recommends that the student be required to complete the Supervised Ministry requirement under the direction of Education and the Ministry.

Signature of DBMD Chairperson or District Coordinator of Supervised Ministry

Date

Please mail to:

Education and the Ministry
The Wesleyan Church
PO Box 50434
Indianapolis, IN 46250-0434