

SUPERVISOR CONTRACT

This portion to be completed by the student

Student Name _____

Date of ministry involvement _____

Ministry or Service Project _____

Personal impact from this experience _____

This portion to be completed by the supervisor

1. How often were you able to work directly with this student?

2. What were some of the strengths you recognized in this student?

3. What areas could be further developed and mentored in this student?

Supervisor Signature

Position

Church/Organization

Phone Number

Address

Home Phone: _____

Work Phone: _____