
(print legibly)

Student's Name _____

Mentor's Name _____

Mentor's Position _____ *Retired*

Mentor's Email _____ **Mentor's Phone** _____

Selected Mentoring Ministerial Topics (Chosen from Appendix C.)

a. _____

b. _____

c. _____

Note: The above 3 topics must be selected from the attached "Core Qualities of an Effective Pastor List" (Appendix C). Other topics may be included later, as additional ministerial challenges arise during the mentoring process.

Mentoring Duration—One year minimum

a. Start—day, month and year _____

b. End—day, month and year _____

Note: The mentorship relationship may continue for as long as both parties decide; however, for the purpose of the MAPM field supervision experience, a minimum of one year is required.

Meeting Details (x)

a. Frequency: *Quarterly* *Monthly* *Weekly*

b. Duration: *Half hour* *One hour* *Other* _____

c. Location of meetings _____

Confidentiality

Both parties agree that any sensitive issues discussed during the mentoring experience should be held in the strictest confidence

Student's Signature _____ Date _____

Mentor's Signature _____ Date _____

Note: By signing this agreement, the mentor affirms that he/she will act in accordance with the MAPM Mentor Training/ Guidelines.