

**FIELD SUPERVISOR INFORMATION FORM**

Student \_\_\_\_\_ Term \_\_\_\_\_ Year \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Address (if you are a new supervisor, or if there has been a change)

\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office phone \_\_\_\_\_ Home \_\_\_\_\_

Email: \_\_\_\_\_ (please type or print clearly)

Church or Institution of SPM Setting \_\_\_\_\_

Denomination of Supervisor: \_\_\_\_\_

Approximate number of terms you have supervised ministry candidates in the past \_\_\_\_\_. For which seminary(ies)? \_\_\_\_\_

\_\_\_\_\_

Length of Experience in Ordained Ministry \_\_\_\_\_ years

Theological Education: \_\_\_\_\_

Institution

Degree Earned

What are some of your expertise areas? \_\_\_\_\_

\_\_\_\_\_

What supervisory training have you already received? \_\_\_\_\_

\_\_\_\_\_

What do you expect to learn or gain from this mentoring opportunity? \_\_\_\_\_

\_\_\_\_\_

I have read the Supervisor Guidelines for Supervised Practice of Ministry and agree to observe them.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_