

Evaluation for Ministerial Internship (MIP)

Please print clearly (or fill in online) this form as applicable. The data herein contained is subject to verification. If your information is supportable, you may receive credits ranging from a minimum of three (3) hours to a maximum of fifteen (15). Those hours granted will be solely at the schools discretion. In this connection, it is important that you are careful to submit any and all information necessary to our decision. The charge for such credits will be assessed at \$20.00 per hour. For example, if fifteen (15) hours are awarded, the fee will be \$300.00. Place an "N/A" in those sections that do not pertain to you.

PERSONAL INFORMATION

Name: _____
SS#: _____
Street Address: _____
City/State/Zip: _____
E-Mail: _____
Phone Numbers: _____

1. ARE YOU A:

- | | X ✓ | How Long? |
|-------------------------|--------------------------|-----------|
| • Commissioned minister | <input type="checkbox"/> | _____ |
| • Licensed minister | <input type="checkbox"/> | _____ |
| • Ordained minister | <input type="checkbox"/> | _____ |

2. WHOM DO YOU PRESENTLY SERVE UNDER

Name: _____
Title: _____
Street Address: _____
City/State/Zip: _____
E-Mail: _____
Phone Numbers: _____

3. STARTING WITH THE PRESENT CHURCH, LIST THE LAST THREE YOU ATTENDED

<u>Name and Location of Church</u>	<u>Phone</u>	<u>Senior Pastor</u>	<u>(Dates Attended)</u>	
			<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. NAME THREE MAJOR COMMITTEES THAT YOU HAVE SERVED ON

	<u>How Long?</u>
_____	_____
_____	_____
_____	_____

5. LIST THOSE AREAS OF COMMUNITY SERVICE IN WHICH YOU HAVE PARTICIPATED

6. PLEASE LET US KNOW IF YOU HAVE BEEN INVOLVED IN ANY OF THE FOLLOWING

	<u>Tem of Service</u>	<u>Formal Program</u>	
		<u>(Yes)</u>	<u>(Not)</u>
Children	<input type="checkbox"/>		
Preteens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastoral Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evangelism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inner City	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A formal program is one that is fully documented and subject to authority-review. If any of these ministries are self-directed, please indicate by answering "No". It is most important for you to realize that self-directed ministries are often very effective and, in many instances, we have recognized the efforts in these areas for the purpose of extending earned credits.

7. IF YOU HAVE SERVED IN THE MISSION FIELD, PLEASE STATE WHERE AND FOR HOW LONG

_____	_____
_____	_____
_____	_____
_____	_____

8. RESUME OF MINISTERIAL FUNCTIONS

How many sermons have you preached over the past two years? _____

How many weddings have you conducted? _____

How many funerals have you presided over? _____

9. NAME THREE BOOKS (OTHER THAN THE BIBLE) THAT MOST INFLUENCED YOUR WALK.

Book	Author
_____	_____
_____	_____
_____	_____

10. LIST THOSE MAJOR BOOKS OR ARTICLES THAT YOU HAVE WRITTEN.

	# of Pages
_____	_____
_____	_____
_____	_____
_____	_____

11. PLEASE LIST THOSE ITEMS IN 10 ABOVE THAT WERE USED FOR PRIOR ACADEMIC CREDIT

12. PLEASE LIST THOSE LANGUAGES THAT YOU SPEAK FLUENTLY

13. PLEASE DETAIL OTHER QUALIFYING INFORMATION THAT IS NOT ADDRESSED IN THE ASSESSMENT.

14. WHAT DO YOU CONSIDER TO BE YOUR STRONGEST AREAS OF STUDY?

15. WHAT AREAS OF STUDY WOULD BE MOST APPROPRIATE TO INCLUDE IN YOUR CURRICULUM?
