

## Supervised Leadership Experience Mentor's Agreement Form Cincinnati Bible Seminary

Thank you for your willingness to participate with CBS in training Christian leaders. Please complete this form and return to Director of Service Learning, CCU, 2700 Glenway Avenue, Cincinnati, OH 45204.

Student's name \_\_\_\_\_

Mentor's name \_\_\_\_\_ Title \_\_\_\_\_

Church/Org. \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (Office) (\_\_\_\_-\_\_\_\_-\_\_\_\_) Fax (\_\_\_\_-\_\_\_\_-\_\_\_\_)

Phone (Cell) (\_\_\_\_-\_\_\_\_-\_\_\_\_) e-mail \_\_\_\_\_

**EDUCATION**

School(s)	Degree(s)	Dates
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**EXPERIENCE**

Church/Other	Position(s)	Dates
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Describe your ministry setting (urban, rural, campus ministry, etc.):

Describe your personal and ministry strengths which would enable you to be an effective mentor:

*I have read the Supervised Leadership Experience Manual and agree to fulfill my responsibility as SLE Mentor.*

**Mentor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office use only:                      Date received: _____  Accepted as SLE Mentor _____ Date _____ <div style="text-align: center; margin-left: 150px;">Director of Service Learning, CCU</div>
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