

FOUR-MONTH SUPERVISED MINISTRY EXPERIENCE PROGRAM

SME-2 AGREEMENT & REGISTRATION

This agreement is to be completed and signed by the supervisor, the student, and Director of Supervised Ministry Experience before the Supervised Ministry Experience begins. The Director of Supervised Ministry Experience must be notified of any changes to this agreement.

GENERAL INFORMATION

Student's Name: _____

Supervisor's Name: _____

Name of Church/Ministry: _____

Denomination/Affiliation: _____ Phone: _____

Church/Ministry Mailing Address: _____

During the Supervised Ministry Experience, what is the best way to contact ...

... the student?

... the supervisor?

_____ *email*

_____ *email*

_____ *office phone*

_____ *office phone*

_____ *home phone*

_____ *home phone*

THE STUDENT'S ANTICIPATED MINISTRY ROLES

Attach a job description that the Church or ministry has created for this Supervised Ministry Experience.

THE STUDENT'S SERVICE

Beginning Date: _____ Ending Date: _____

Allowable time off from duties (1 or 2 days off per week):

Does the student need a vehicle? _____

Vehicle Explanation or Further Comments: _____

COMPENSATION (if any)

Honorarium: _____ Love Offering: _____

Travel Allowance: _____ Other financial arrangements: _____

Meals Provided: Yes No

Lodging Provided: Yes No

OTHER TERMS OF AGREEMENT

Once a student has completed this final step of registering for the Supervised Ministry Experience, a contract exists between the student and the University. Violation of the contract by not completing the Supervised Ministry Experience by the due date will, in general, result in failure of the Supervised Ministry Experience, which will become part of the student's permanent record. There is no withdrawal policy. However, this agreement and the Supervised Ministry Experience may be terminated, in writing, at any time the Supervisor and/or the Director of Student Ministries consider it necessary. Reasons for such termination must be stated in writing (see Supervised Ministry Experience Handbook).

The conditions of this agreement and the terms of the Supervised Ministry Experience as outlined in the Supervised Ministry Experience Handbook are accepted by:

Supervisor

Date

Student

Date

Director of Supervised Ministry Experience

Date

Return to:
Dr. Stephen Elliott
Director of Supervised Ministry Experience
Kingswood University

26 Western Street, P.O. Box 5125
Sussex, New Brunswick
Canada E4E 5L2

Phone: 506.432.4464
Fax: 506.432.4426
Email: elliotts@kingswood.edu

All report files are available online on the Kingswood website or by email for computerized entry and submission.