

Presbytery of San Jose – Committee on Preparation for Ministry (CPM)

APPLICATION FOR APPROVAL OF INTERNSHIP

NAME _____ DATE _____

TITLE AND PLACE OF INTERNSHIP _____

DURATION OF INTERNSHIP (dates)

HOURS PER WEEK/MONTH _____ COMPENSATION PER WEEK/MONTH _____

NAME OF
SUPERVISOR _____

ADDRESS OF
SUPERVISOR _____

PHONE NUMBER AND E-MAIL ADDRESS OF
SUPERVISOR _____

FREQUENCY/SCHEDULE FOR SUPERVISION _____

(WRITTEN EVALUATIONS BY SUPERVISOR AND INTERN ARE REQUIRED)

WHAT DO YOU EXPECT TO ACHIEVE FROM THIS EXPERIENCE?

WHAT DO YOU EXPECT TO BE MOST CHALLENGING?

HOW DOES THIS INTERNSHIP DIFFER IN SIZE, THEOLOGY AND ETHNICITY FROM YOUR HOME CHURCH? (IF THIS IS A SECOND INTERNSHIP, HOW IS THIS DIFFERENT FROM THE FIRST?)

DATE OF
APPROVAL _____ (signed) _____
CHAIR OF COMMITTEE ON PREPARATION FOR MINISTRY