

Local Pastor Mentoring Report Form
Due by January 5th

To be completed by Mentee:

Name: _____ Charge/Church: _____

District: _____ Status (circle 1): FTLP PTLP SY CLM

Mailing Address: _____

E-Mail Address: _____ Phone: ____ - ____ - ____

Educational Track (please fill out ONE of the following):

Current Seminary: _____ Year of Graduation: _____

Course of Study Classes Completed/Enrolled this past Calendar year: _____

Total Course of Study Classes Completed/Enrolled in: _____

If you have not completed a class this year please give explanation:

How are you caring for yourself physically, emotionally, spiritually, etc.?

Where can you celebrate God's work in your ministry? Have you had any baptisms, professions of faith, confirmations, new members or ministries?

Signature of Mentee: _____ Date: _____

To be completed by Mentor:

Did this Pastor participate regularly in mentoring sessions? Y N

Did this Pastor take 4 class in COS (FT) or 2 classes (PT)? Y N

Is there anything the DCOM would benefit from knowing about this Pastor:

Signature of Mentor: _____ Date: _____

Please have the Mentee fill out the top portion and sign FIRST.
Once the Mentor has also completed and signed, please send a copy to the Mentee,
District Superintendent, Registrar and Chair of your DCOM by **December 1st**.
This form will be used in the Annual DCOM Interviews with Local Pastors.

DCOM Interview Team: _____ **Date:** _____

What are the candidates plans for the coming year around Cos?

Where do you see fruit being produced in your ministry?

Where do you see God at work in your ministry?

How can this committee help you in your ministry?

Other Notes: