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MINISTRY INTERNSHIP - TRAINING CONTRACT

This form should be submitted: 1] to the Internship Coordinator at the above address, or 2] online with the link at the end of the form (requires Acrobat Reader 8)

1 INTERN INFORMATION

Last Name	First Name
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Address

City	Prov./State	Postal Code
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Telephone	Email
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Home Church

Address

City	Prov./State	Postal Code
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Intern's Pastor

Address

City	Prov./State	Postal Code
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2 SUPERVISOR INFORMATION

Name	Position
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Address

City	Prov./State	Postal Code
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Telephone	Email
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Education / Training

Ministry Experience

Supervisor Experience

3 CHURCH INFORMATION

Church of Internship

Address

City	Prov./State	Postal Code
Telephone	Email	
Fax	Members	S.S.

Name of Layperson *(to observe and provide feedback on the Intern)*

Address

City	Prov./State	Postal Code
Telephone	Email	

Describe the community setting of the church and the distinctive features of its ministry and outreach

Describe briefly the ministry opportunities of the Intern

4 MINISTRY OBJECTIVES FOR THE INTERN *These objectives should be specific, detailed, and measurable.*

A.

B.

C.

5 MINISTRY RESPONSIBILITY FOR THE INTERN *This section should be filled out in consultation with the Intern.*
These responsibilities should be specific, detailed, and complete.

A.

B.

C.

D.

E.

6 SCHEDULE
This section should be filled out in consultation with the Intern.

Time frame for the internship

Estimated total number of hours per week	Estimated number of hours for ministry preparation	Estimated number of hours for ministry tasks
Hours per week for the supervisory session	Other	

Each credit hour requires ministry time of approximately 3 hours per week, over 12 weeks up to a maximum of 3 credit hours.

7 INTERNSHIP EVALUATION

A copy of this contract is to be provided for each of the signatories.
This contract may be reviewed during the year, and if necessary, renegotiated.

Upon completion of the internship:

The Supervisor will fill out a **Supervisor Evaluation Form**. The Layperson observer will fill out a **Layperson Evaluation Form**.

The Intern will fill out an **Intern's Comments Form**. All three of these forms will be submitted to the Internship Coordinator.

If submitting this form online, insert names in place of signatures below and check this box:
By checking this box, I attest that the information provided herein is, to the best of my knowledge, complete and accurate; I authorize TBS to proceed with the internship as described herein.



Signature of Supervisor

Signature of Intern

Signature of Internship Coordinator

Signature of Field Education Director

Date

MM/DD/YY

Click here to submit this form using your default email application.
Webmail users: Save this completed form on your computer and email to inquiry@tbs.edu
Visit www.adobe.com to download the latest Acrobat Reader for free.