



Managed Ministry Experience Church Application

Church Name: _____

Address: _____ Phone: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

Web Address: _____

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Contact Person: _____

Address: _____ Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

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Who will be the on-site supervisor? _____ Phone: _____

What do you hope to gain for your ministry through the MME program?

What experience can your church provide for the applicant?

Can your church provide any of the following:

- room/board
- personal transportation
- regular salary
- honorarium
- scholarship
- other _____

How many students attend? _____ How many adult leaders are involved? _____

Do you plan to attend a summer camp? yes no If so, which one and where?

Signature _____ Date _____