



SoCAL SCHOOL OF MINISTRY

Where the Call is Just the Beginning

SoCal School of Ministry

Ministry Mentoring

Mentor Designation Form

Name of Student _____

Date _____

Please write down the contact information for the person you wish to use as your mentor or with whom you currently meet on a regular basis (at least once a month). They should be your pastor or someone designated by your pastor. If you are pastoring a church, the mentor should be a neighboring pastor who is ordained or the sectional presbyter.

The SoCal School of Ministry will contact the mentor to explain the details of the program to him/her.

Mentor Designation Form

Proposed mentor's name _____

Their ministry _____

Contact Info (if you know it) for the proposed mentor:

Church Name _____

Street Address 1 _____

Street Address 2 _____

City _____ Zip _____

Email _____

Phone Number _____

SoCal Network Assemblies of God

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