

**CSI EXTENSION LEARNING
SPORTS MINISTRY TRAINING COURSE
COURSE 4 – SPORTS MINISTRY PRACTICUM**

The intention of this course is to place a student in an active sports ministry in order to apply the concepts and practices learned in the other three courses. The enrollment process includes formal application that incorporates an examination of options, identification of a supervisor, and a clear job description. An application form follows:

Instructions: This must be completed and approved BEFORE registration in Course 4.

Student Ministry Information

Ministry(scope,focus,responsibilities) _____

Days of week and times of ministry _____

Church/Organization _____

Church/Organization address _____

City _____ State _____ Zip _____ Phone _____ Email _____

I understand that to receive credit for my ministry I must complete a semester of ministry and take the initiative to contact my supervisor on a regular basis

Student's Signature Date

MINISTRY SUPERVISOR INFORMATION

Name _____
Ministry Position/Title _____
Mailing Address _____
City _____ State _____ Zip _____ Marital Status _____
Home Phone () _____ Work Phone () _____

Yes, I have received a copy of the "Supervisors Information" and am willing to supervise the above named student according to the requirements.

Supervisor's Signature Date

Please note any other person who is the immediate administrative head of your ministry (indicate "same" if the person is also your ministry supervisor).

Name _____ Title _____
Phone _____ Email _____

Office Use Only

Date _____ Late Fee _____ Student ID _____

Approved _____ Input _____ Church/Organization ID _____