



ANNUAL STUDENT MINISTRY PLACEMENT FORM

- *This form is to be completed in full by the student.*
- *The Pastor that you name will be contacted to complete an evaluation of your Student Ministry performance annually.*
- *Each year the student will complete and submit a Student Ministry self-evaluation form.*
- *This form must be completed and submitted each September while you are registered in Summit's Distance Education program.*
- *Please complete and return this form to:*

Summit Pacific College
Distance Education
PO Box 1700
Abbotsford, BC V2S 7E7

Date: _____

Name: _____ Student ID #: _____

Name of Church: _____

Pastor's Name: _____

Pastor's mailing address: _____

Pastor's Telephone: (_____) _____

Pastor's Email: _____

Name of Ministry: _____

Anticipated Start Date: _____

Description of Ministry / Duties & Responsibilities / Time Commitment:

Time and Day of Ministry: _____

Location of Ministry: _____

Ministry Supervisor's Name: _____

Ministry Supervisor's Position: _____

Ministry Supervisor's mailing address: _____

Ministry Supervisor's Telephone: (_____) _____

Ministry Supervisor's Email: _____