

Field Education Registration Form 2010-2011
Office of Field Education
The Methodist Theological School in Ohio

Year you entered MTSO _____ Date Placement began _____
Your Degree Program _____ Expected Graduation Year _____
BASIC INFORMATION (Please type or print)

1. Student: _____
Primary Phone Number: _____/_____/_____
Cell Phone Number: _____/_____/_____
Email Address: _____
Home Address: _____
Street City State ZIP

2. Ministry Setting: _____
Address: _____
Street City State ZIP
Phone: _____/_____/_____ E-Mail: _____

3. Supervisor: _____
Title: _____ Phone: _____/_____/_____
Mailing Address: _____
Street City State Zip
Email: _____

4. Lay Committee Chairperson: _____
E-mail: _____ Phone _____
Mailing Address: _____

5. Your Ministry position Title: _____
Responsibilities _____

Previous experience: _____

6. Average Weekly work time (Days and hours you have agreed upon) _____

7. Weekly Supervisor Meeting Schedule (time & Place) _____

8. Contract Period: Beginning _____ Ending _____

9. Compensation: Cash Salary: \$ _____
Travel Allowance: \$ _____ Other Expenses: \$ _____
Housing/Other Benefits: _____ Total: \$ _____