

EPC-UMC BOARD OF ORDAINED MINISTRY

DS Mentor Approval

Provisional Member's Name: _____

Address _____

City _____ State _____ Zip _____

Telephone Church () _____ Home () _____

Cell () _____ Fax () _____

Email _____

Name of Clergy Mentor: _____

Address _____

City _____ State _____ Zip _____

Telephone Church () _____ Home () _____

Cell () _____ Fax () _____

Email _____

When and how often do you plan to meet? _____

Covenant: State goals and how you plan to meet them (use back of form or attach sheet if necessary):

District Superintendent: _____
(Signature)

Date: _____

The Provisional Member is responsible for returning this form to:

EPC-UMC-BOOM
PROVISIONAL MEMBER PROGRAM
Attn: BOOM Registrar
PO BOX 820
Valley Forge, PA 19482-0820

Direct questions to: Chair Provisional Committee

Rev10/2009