

FORM A - FIELD SITE DATA SHEET

Note: Please complete this form and mail it to the student's Faculty Advisor c/o Central Christian College of the Bible, 911 E. Urbandale Drive, Moberly, MO 65270. Thank You!

Name of Student (if known): _____

Potential Supervisor: _____

Business Phone: _____ Cell Phone/Other: _____

E-mail address: _____ Date: _____

Church Name/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

GENERAL AREAS OF TRAINING TO BE PROVIDED:

<input type="checkbox"/> Christian Counseling	<input type="checkbox"/> Missions	<input type="checkbox"/> Youth Ministry
<input type="checkbox"/> Christian Education	<input type="checkbox"/> Music	<input type="checkbox"/> Other:
<input type="checkbox"/> Children Ministry	<input type="checkbox"/> Preaching	<input type="checkbox"/> Other:

GENDER PREFERENCE:

<input type="checkbox"/> Male Required	<input type="checkbox"/> Female Required	<input type="checkbox"/> No Preference
<input type="checkbox"/> Male Preferred	<input type="checkbox"/> Female Preferred	<input type="checkbox"/> Other:

PREFERRED FORMAT:

<input type="checkbox"/> Summer	<input type="checkbox"/> Fall Semester	<input type="checkbox"/> Spring Semester
<input type="checkbox"/> Summer & Fall	<input type="checkbox"/> School Year(Fall & Spring)	<input type="checkbox"/> Spring & Summer

DATES AVAILABLE: _____

POTENTIAL BENEFITS TO STUDENT: *(financial arrangements, living expenses, etc.)*

PROPOSED FIELD SUPERVISOR INFORMATION:

EDUCATION BACKGROUND	MINISTRY EXPERIENCE	MAJOR SUCCESSES IN MINISTRY
<input type="checkbox"/> Bachelor's Degree College:	<input type="checkbox"/> 0-4 years	<input type="checkbox"/>
<input type="checkbox"/> Master's Degree College:	<input type="checkbox"/> 5-8 years	<input type="checkbox"/>
<input type="checkbox"/> Doctoral Degree College:	<input type="checkbox"/> 9 + years	<input type="checkbox"/>