

FORM G

Student's Weekly Ministry / Activity Report

NAME: _____

DATE (week ending Sunday): _____ REPORT NUMBER: _____

NAME OF CHURCH/INSTITUTION: _____

MENTOR: _____ PHONE: _____

Type of Internship: ___ Pastoral ___ Music ___ Youth ___ Children ___ Christian Ministry

1. Meetings you have attended this week: (S.S., D.T., Deacons, etc.) _____

2. Topics your mentor has discussed with you this week: _____

3. What specific activities have you been engaged in this week? (Church or otherwise related to internship) _____

4. What have you learned from each specific ministry? What did you do well or not well in that ministry? _____

5. Have you been assigned to any new responsibilities this week? If so, what are they? _____

6. Classroom learning application to ministry. I have used the following:

Knowledge or skill	none	a few times	often
Bible knowledge	_____	_____	_____
Theology	_____	_____	_____
Biblical Hermeneutics	_____	_____	_____
Preaching/Teaching Skills	_____	_____	_____
Psychology/developmental stages knowledge	_____	_____	_____
Listening Skills	_____	_____	_____
Discipleship Skills (includes witnessing)	_____	_____	_____
Pastoral Care Skills	_____	_____	_____
Relational skills with:	problems	get along	building strong
Mentor	_____	_____	_____
Pastor and staff	_____	_____	_____
Deacons/Elders	_____	_____	_____
Volunteer program leaders	_____	_____	_____
Church members	_____	_____	_____

6. Do you have any particular problems at this time? If so, please explain.

RETURN WEEKLY TO: Internship Professor, CCBBC, 300 Clear Creek Rd. Pineville, KY 40977