



# Certified Level Internship Mentor Covenant

**Instructions for this mentor covenant:** Ask your mentor to complete, scan and email a copy this form to the MNSOM Internship Director: [internshipdirector@mnaog.org](mailto:internshipdirector@mnaog.org)

I agree to serve as the Internship Mentor for \_\_\_\_\_ who is completing the MNSOM internship assignments as part of the educational requirements required by the Assemblies of God for Certified ministerial credentials. I understand that the intern is seeking Certified level credentials and is completing this requirement to pursue **Certified Ministerial credentials**.

I recognize that the role of an Internship Mentor is critical to the successful completion of the MNSOM internship and covenant with the prospective credential holder and MNSOM to carry out this responsibility to the best of my ability and affirm that:

- I understand that I am required to hold either Licensed or Ordained level Assemblies of God credential to be a mentor for this internship.
- I have read, understand and commit myself to carrying out the mentor responsibilities described in the MNSOM internship strategy.
- I have read, understand and commit myself to carrying out the learning objectives described in the “steps to completion” for each internship standard.
- I agree to fully cooperate with the MNSOM leadership and the Intern.
- I agree to model “best practice” and excellence in ministry.
- I agree to help the intern to identify and approve a more qualified “coach” for any standard in which I cannot provide a “best practice” experience.
- I agree to hold the intern accountable for excellence and the timely completion of learning objectives throughout their internship.
- I agree to submit all required documentation in a timely fashion.
- I understand that should I fail to carry out these responsibilities, the intern is required to seek another mentor in order to successfully complete their internship.
- I will release the intern from the mentoring relationship should I be unable to fulfill these requirements OR if the intern fails to carry out their responsibility and will notify the MNSOM Internship Director of my decision.

## Mentor Information:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church: \_\_\_\_\_ AG Credential Level: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Email: \_\_\_\_\_

Mentor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_