

**EDUCATION  
FOR  
MINISTRY**

**MENTOR/CO-MENTOR ENROLLMENT**

(This form must be completed for each of your groups.)

If replacing a mentor, enter his/her name below:

**PLEASE PRINT LEGIBLY**

Ms / Mrs / Mr / Rev / Dr / Deacon

Social Security # \_\_\_\_\_

(SSN is not used as a Primary ID or released to anyone other than the IRS.)

Name: \_\_\_\_\_

Last

First

Middle

Preferred

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

City, State, Zip Code: \_\_\_\_\_

Phones w/ Area Code: \_\_\_\_\_

(During Business Hours)

(Home)

Email: \_\_\_\_\_

(Fax)

Sex: Male / Female

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Ethnicity: Asian or Pacific Islander / Black, Non-Hispanic / Hispanic / American Indian (Native)  
Multi-Racial or Multi-Ethnic / Unknown or Other / White, Non-Hispanic

*Note:* The demographic information above is requested for statistical reporting within the University and to our accrediting institutions.

Denomination: \_\_\_\_\_

Diocese: \_\_\_\_\_

Sponsoring Diocese/Parish/Agency: \_\_\_\_\_

(if other than above)

Your Last Training Date: \_\_\_\_\_

Your Starting Month (this group): \_\_\_\_\_

**Your Status (this group)**

**Shipping Address for Books  
(Street address is Required)**

Please specify if Commercial or Residential Address

I am the mentor responsible for the administrative paperwork and the contact person with the EFM staff. (Administrative Mentor)

θ

I am the mentor not responsible for the administrative paperwork. (Co-Mentor)

θ

There is no Co-Mentor at this time.

θ

**Your signature is required on the reverse.**

The School of Theology  
The University of the South  
335 Tennessee Ave.  
Sewanee TN 37383-0001

Dear Education for Ministry Staff:

Enclosed please find applicable enrollment forms and remittances for participants in the Education for Ministry group for whom I have agreed to act as mentor. I understand and accept the responsibilities which I will have as mentor to this group and which are described in your Manual for Mentors.

θ In order that this group may function effectively, I have also agreed to be responsible for enrollments, collecting participant fees, re-enrollments, ordering materials, and making reports to the School of Theology whenever required or appropriate.

θ I am the non-administrative co-mentor, so am not responsible for the above duties.

It is my understanding that in recognition of the services which I will be providing to the Education for Ministry program as a mentor for this group, the School of Theology will give to me an honorarium of One Hundred Twenty Five Dollars (\$125.00) per month during the months October through June provided the group remains active during that time and I maintain the status of an accredited mentor. (If there is a co-mentor for the group, we may each be paid half. That arrangement is indicated on the Co-Mentor Status form.) I understand that my honoraria will be directly deposited into my checking account. It is also understood that my relationship to The University of the South, by reason of this agreement, is that of independent contractor and not that of employee. This agreement may be terminated by either party on thirty (30) days notice. I understand that the agreement ends automatically if my status as an accredited mentor changes or there are changes in mentor or co-mentor for this group.

If you find the organization of this group and this proposal to be satisfactory, please acknowledge your own agreement by endorsing and returning to me a copy of this letter.

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A voided check and W-9 IRS form must accompany this form for payment of honoraria.**

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**For Office Use Only**

As agreed, and this group designated as:

\_\_\_\_\_

Start Date of Group: \_\_\_\_\_

The School of Theology

Honorarium Begins: \_\_\_\_\_

by: \_\_\_\_\_

Re-enrollment Date: \_\_\_\_\_

Date: \_\_\_\_\_