

Ministry Residency Application for 2024-2025

Dallas Theological Seminary

NOTE: This document requires Microsoft.

APPLICATION INFORMATION

Name:

DTS student ID number:

Telephone number:

E-mail address:

Have you spoken to Dr. Phil Humphries or Heather Severding about the requirements for the Ministry Residency? ☐ Yes ☐ No

Current degree plan (check only one): ☐ ThM (Concentration:)
☐ MACL
☐ MACE (Concentration:)

Anticipated graduation date:

Which DTS catalog is your degree under?

PREREQUISITES – The student must complete 50% of his/her degree before the start of the residency.

How many credit hours will you have completed at DTS by August 2024?

How many of the credit hours are Advanced Standing hours?

Have you participated in Spiritual Formation at DTS? (check only one)

- ☐ I have completed Spiritual Formation (completion required for ThM students)
☐ I am currently enrolled in Spiritual Formation (progress required for MACE or MACL students)
 Anticipated completion date for Spiritual Formation:

Have you completed a Ministry & Communication course at DTS? (check all that apply)

- ☐ EML5103 or EML5105 Teaching Process (required for MACE or MACL students)
☐ PM5103 Expository Preaching I (required for ThM students only)
☐ I have not, but I am registered to take it. (Which course? When?)

Have you completed EML5101 Designing & Leading Effective Ministries at DTS? (check all that apply)

- ☐ Yes
☐ No
☐ I have not, but I am registered to take it. (When:)

ThM students only. Have you completed CM5101 Pastoral Counseling & Ethics at DTS? (check all that apply)

- ☐ Yes
☐ No
☐ I have not, but I am registered to take it. (When:)

Once completed, please return to Dr. Phil Humphries at phumphries@dts.edu

1/17/2024

Are you available to travel to Dallas for both ***required*** on-campus intensives? (check all that apply)

- ☐ I can attend the on-campus intensive on August 5-9, 2024.
☐ I can attend the on-campus intensive on May 5-8, 2025.

RESIDENCY SITE

Name of residency site (no abbreviations):

The complete mailing address of the residency site:

Applicant's position/role with residency site:

Is this a paid position? (check only one)

- ☐ Yes, I am on paid staff with the organization.
Amount of salary/compensation:
☐ No, but this is a faith-based organization where I raise financial support.
Amount of support:
☐ No, but I am compensated in ways other than a salary.
Describe compensation in detail:

Hours per week in position (check only one):

- ☐ 30+ hours (priority placement) ☐ 25-30 hours (by approval only if space is available)

MENTOR INFORMATION

Name of the mentor for the Ministry Residency:

Mentor's position at the residency site:

Mentor's email address:

Has this person served as a mentor for another DTS student?

- ☐ Yes - Name of student(s):
☐ No - Please complete the following information:

Qualifications:	Yes	No
Does the Ministry Mentor have a minimum of five years of full-time ministry experience?*	<input type="checkbox"/>	<input type="checkbox"/>
Has the Ministry Mentor been in his/her current position for at least one year?*	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Does the Ministry Mentor have formal theological training*	<input type="checkbox"/>	<input type="checkbox"/>

* Exception can be made upon approval of the professor of record

Do you have an established relationship with this mentor?

- ☐ Yes, how long have you known each other? _____
- ☐ No

Does the mentor have the time and knowledge to help you grow and develop in the areas you will identify during the Ministry Residency?

- ☐ Yes
- ☐ No

Can your mentor commit to weekly meetings during the Ministry Residency?

- ☐ Yes
- ☐ No

JOB DESCRIPTION

Describe *in detail* the job description at the residency site. If the organization has an “official” job description for this position, you may attach a copy to this application. Describe your local church involvement if your residency site is not your local church.

SUPERVISORY RESPONSIBILITIES

Describe the paid staff and volunteers you supervise.

TEACHING OR PREACHING RESPONSIBILITIES – Required of All Participants

Describe *in detail* your teaching and/or preaching responsibilities (e.g., how often, audience type, size)

CROSS CULTURAL MINISTRY – Required of All Participants

Between now and May 2025:

Do you plan on participating in/leading a cross-cultural mission trip? ☐ Yes
☐ No

Do you plan on participating in/leading a local cross-cultural outreach? ☐ Yes
☐ No

Describe *in detail* the above mission trips or local outreaches and your role.