Synodical Diaconate Internship
Learning Agreement and Church Council Endorsement

This Internship Learning Agreement, between
______________________________________
(Intern) and ________________________________,
(Supervisor)

Sets forth the following goal(s):
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

In order to accomplish these goals, the intern will undertake the following ministry activities during the
next __________ months:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

In order to provide collegial conversation, pastoral mentoring and ministerial supervision during this
internship, the following agreements are made:

- **Regular supervisory conferences** will be held as follows: ________________________________
  ___________________________________________________________________________________

- **An intern support group** consisting of three persons (names listed below) will be formed.
  Support group meetings will be held as follows: ________________________________
  ___________________________________________________________________________________

- **Three separate written mid-term evaluations will be conducted in the month of May.** (one from
  the supervisor, one from the support group as a whole, and one self evaluation from the intern)

- **Three separate written final evaluations will be conducted in the month of October.** (one from
  the supervisor, one from the support group as a whole, and one self evaluation from the intern)
Additional mentoring arrangements will be:

___________________________________________________
___________________________________________________
___________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
__________________________________________
_____________________________________________
Support Group Names:
1. Name: __________________________________________
2. Name: __________________________________________
3. Name: __________________________________________

Signed:

____________________________________
(Supervisor) (Date) (Intern) (Date)

This Learning Agreement is endorsed by the Church Council of:

_____________________________________________________________ Lutheran Church
(Church Name)

_____________________________________________________________ New York
(Location)

__________________________
(Signed – Church Council Representative) (Date)