



SEMINARIANS IN THE CITY
2009-2010 AGENCY APPLICATION

AGENCY NAME: _____

SUPERVISOR CONTACT INFORMATION:

Supervisor Name: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Email: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Job Title: _____

Emergency Phone: _____

AGENCY ELIGIBILITY

Any social service agencies and/or non-profit organizations which fulfill student interests in the focus areas of Sexism, Heterosexism, and Gender; Urban Economics and Politics; Classism, Race and Racism; HIV/AIDS; Urban Violence and Conflict (Mediation); Ecology; Youth and Family; Immigration and Citizenship; Housing and Homelessness; Food Security; Criminal Justice; and/or Elder Issues are eligible for *Seminarians in the City*.

DESCRIPTION OF AGENCY MISSION / GOALS:

DESCRIPTION OF INTERN DUTIES:



AGENCY RESPONSIBILITIES

- Participating agencies will be required to provide a Task Supervisor and weekly task supervision to interns.
- Task Supervisors will meet once a month with CMS Program Director Paul Baxter at the agency site.
- Agencies will not be required to discuss theology or provide theological reflection at work sites; as all theological reflection will be completed with an off-site Theological Supervisor and through seminary coursework.
- The program dates will be September 14, 2009–December 18, 2009 & January 11, 2010–April 30, 2010. Participating agencies must provide Task Supervision during the duration of the program.
- Agencies must provide 15 hours of on-site work during the program year.

Application Procedures

This application will be made available to all agencies online at www.cmsboston.org on July 22, 2009. The submission deadline for agency applications will be September 7, 2009.

I agree to be a Task Supervisor for the duration of the Seminarians in the City program. Any changes in site status which affect student responsibilities (operational hours, change of Task Supervisor, etc.) will be reported to the CMS Program Director.

Task Supervisor (Print): _____

Task Supervisor Signature: _____

Agency: _____

Date: _____