## Stephen Minister Application

## CONFUDENTIAL

Stephen Ministry® Form

Na	me
Ad	dress
Cit	zy/State/ZIP
Ho	me phone Work phone
E-r	nail address
1.	Describe why you are interested in becoming a Stephen Minister.
2.	What spiritual gifts or strengths do you believe God has given you that would help you serve effectively as a Stephen Minister?
3.	In what ways do you think you would benefit personally from your training and service as a Stephen
	Minister?
4.	Based on your current understanding of what it means to be a Stephen Minister, what do you think would be difficult or challenging aspects of this role for you?
5.	How would people who know you describe the way you relate to others?



6.		re you willing to commit to serve faithfully for a period of no less than two years? This includes: the initial 50 hours of training;			
		regular visits to your care receiver (weekly or a mutually agreed-upon frequency); and			
		twice-monthly Small Group Peer Supervision.			
	(	□ Yes □ No			
	W	hat changes would you need to make in your life in order to fulfill this commitment?			
7.	De	escribe briefly your relationship with Jesus Christ.			
8.	Please provide three references who are not members of this congregation.				
	a.	Name			
		Address			
		Relationship			
		Phone number			
	b.	Name			
		Address			
		Relationship			
		Phone number			
	c.	Name			
		Address			
		Relationship			
		Phone number			

9.	. Have you ever trained and served as a Stephen Minister or Stephen Leader at anoth congregation? □ Yes □ No	her
	If yes, please list where and when.	
	Please include the name and telephone number of a pastor and/or Stephen Leader there whom can contact.	
	NameTelephone Number ()	
10.	. Have you ever received treatment for any emotional or psychiatric problems?  □ Yes □ No	
	If yes, someone from the Stephen Leader Team will speak with you about this so that the team n better understand its significance in your life and ministry.	nay
	[Note: A great many caregivers have been made stronger in their caregiving ministry through care they themselves have received, including care from mental health professionals. Your Steph Leader Team affirms the work of mental health professionals, who have helped many individuals experience growth and healing. Members of the Stephen Leader Team request this informat because they want to be as fully informed as possible about their Stephen Ministers.]	hen s to
11.	. Have you ever been charged with a crime? ☐ Yes ☐ No	
	If yes, explain in detail, using additional paper as needed. Someone from the Stephen Leader Te will speak with you about this so that the team may better understand its significance in your and ministry.	
Plea	ease read and sign below.	
agr wit per bac	e information I have provided in this application is true and complete to the best of my knowledge ree to participate in Stephen Ministry training and in Small Group Peer Supervision and to funct thin the boundaries of Stephen Ministry as adopted by my congregation/organization. I grainission for the congregation/organization, if it deems necessary, to call my references, secure a polyckground check on me, and consult with the treating physician(s) or other mental health profession garding the nature of any treatment I have received for emotional or psychiatric problems.	ion ive lice
Sig	gnature Date	_
Tha	ank you for completing this application.	