Stephen Minister Application CONFIDENTIAL

Stephen Ministry® Form

| Na | ame | |
|-----|---|--|
| Ad | ddress | |
| Cit | ity/State/Zip | |
| Ho | ome phone Wor | k phone |
| 1. | 1. Describe why you are interested in becoming a Ste | phen Minister. |
| 2. | 2. What spiritual gifts or strengths do you believe effectively as a Stephen Minister? | e God has given you that would help you serve |
| 3. | 3. In what ways do you think you would benefit pers Minister? | onally from your training and service as a Stephen |
| 4. | 4. Based on your current understanding of what it n would be difficult or challenging aspects of this rol | |
| 5. | 5. How would people who know you describe the way | you relate to others? |

| 6. | ttt | 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 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. | Ple | ease provide three references who are not members of this congregation. |
| | a. | Name |
| | | Address |
| | | Relationship |
| | | Phone number |
| | | |
| | h | Name |
| | ν. | Address |
| | | Relationship |
| | | Phone number |
| | | |
| | c | Name |
| | о. | Address |
| | | Relationship |
| | | Phone number |
| | | 1 none number |
| | | |
| | | |

| 9. | 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 may better understand its significance in your life and ministry. |
| | [Note: A great many caregivers have been made stronger in their caregiving ministry through the care they themselves have received, including care from mental health professionals. Your Stephen Leader Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. Members of the Stephen Leader Team request this information because they want to be as fully informed as possible about their Stephen Ministers.] |
| 10. | 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 Team will speak with you about this so that the team may better understand its significance in your life and ministry. |
| Plea | ase read and sign below. |
| agrowitl witl peri bacl | information I have provided in this application is true and complete to the best of my knowledge. I see to participate in Stephen Ministry training, in Small Group Peer Supervision, and to function in the boundaries of Stephen Ministry as adopted by my congregation/organization. I give mission for the congregation/organization, if it deems necessary, to call my references, secure a police kground check on me, and consult with the treating physician(s) or other mental health professionals arding the nature of any treatment I have received for emotional or psychiatric problems. |
| Sign | nature Date |
| | |

Thank you for completing this application.