

Stephen Ministry Application

Confidential

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work _____ Cell/other _____

Email _____

1. Describe why you are interested in becoming a Stephen Minister and/or describe why you are interested in receiving Stephen Ministry training.

2. What spiritual gifts, passions, experiences or strengths do you believe God has given you that would help you serve 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. Please check one of the following:

_____ I am applying because Pastor, a Stephen Leader, or an elder has encouraged me to take the training for my personal growth. (If you check this one please skip #5 and #6 on the application.)

_____ I am interested in becoming a Stephen Minister.

5. 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?

6. Are you willing to commit to serve faithfully for two years? This includes:

- The initial training
- Regular visits to your care receive
- Small Group peer Supervision

___ **yes** ___ **no**

What changes would you need to make in your life in order to fulfill this commitment?

7. Please check areas you are currently involved in for growing in Christian faith:

- _____ Bible Study
_____ Regular Worship
_____ Share Group
_____ Personal Devotion
_____ Prayer Partner/Prayer Group/Prayer chain
_____ Mentoring Relationship
_____ Other: _____
_____ Other: _____

8. Please provide two references who are not members of this congregation. Also, list if someone from the congregation encouraged you to connect with Stephen Ministry (Pastor, Elder, Stephen Leader/Minister, other member):

Name _____
Address _____
Relationship _____
Phone _____

Name _____
Address _____
Relationship _____
Phone _____

Person in congregation that encouraged you (if applicable) _____

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 the 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 addition 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.

Please read and sign below.

The information I have provided in this application is true and complete to the best of my knowledge. I agree to participate in Stephen Ministry training, in Small Group Peer Supervision, and to function within the boundaries of Stephen Ministry, as adopted by my congregation/organization. I give permission for the congregation/organization, if it deems necessary, to call my references, secure a police background check on me, and consult with the treating physician(s) or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

Signature_____Date_____

Thank you for completing this application.