

- a. The initial 50 hours of training;
- b. Regular visits to your care receiver (weekly or a mutually agreed-upon frequency); and
- c. Twice-monthly Small Group Peer Supervision

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

7. Describe your relationship with Jesus Christ.

8. Please provide three references, at least one who is not a member 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 another congregation? Yes _____ No _____

If yes, please list where and when. _____

Please include the name and phone number of a pastor and/or Stephen Leader there whom we can contact.

Name _____ Phone Number _____

10. Are there emotional struggles that would benefit or prevent you from working with a care receiver? How did you deal with these struggles in the past?

11. How do you take care of yourself? What resources do you use? (i.e. friends, exercise, spiritual disciplines, etc.)

12. Have you ever been charged with a crime? Yes _____ No _____

If yes, explain in details, 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.

The information I have provided in this applications is true and complete to the best of my knowledge. I agree to participate in Stephen Ministry training and 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. Please turn it in to Pastor
Karen's mailbox at the Office by January 29, 2016.**