



Stephen Minister Application

CONFIDENTIAL

Name _____

Address _____

City/State/ZIP _____

Home phone _____ Work phone _____

E-mail 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?
Take the spiritual gift test here <http://buildingchurch.net/g2s.htm> and send your results to: alissakay727@gmail.com

3. 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 telephone number of a pastor and/or Stephen Leader there whom we can contact.
Name _____ Telephone Number (____) _____

4. In what ways do you think you would benefit personally from your training and service as 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. How would people who know you describe the way you relate to others?

7. Are 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
 - * peer supervision and continuing education Yes No

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

8. Describe briefly your relationship with Jesus Christ.

9. Please provide two references.

1) Name _____

Address _____

Relationship _____

Phone number _____

2) Name _____

Address _____

Relationship _____

Phone 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 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. Please be assured that this information is held in the highest of confidence and needed for the sole purpose of finding the best fit of caregiver with care receiver.]

11. Have you ever been convicted of 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.

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 and in Small Group Peer Supervision and to function within the boundaries of Stephen Ministry as adopted by my congregation. I give permission for the Leadership Team, if it deems necessary, to call my references, secure a 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.