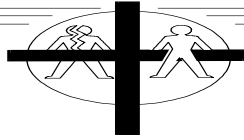


# STEPHEN MINISTRY



## APPLICATION CONFIDENTIAL

**YOU MUST BE AN ACTIVE MEMBER OF HFBC BEFORE YOU PRAYERFULLY CONSIDER JOINING STEPHEN MINISTRY**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Place of Employment and Occupation \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

**YOU MUST BE AN ACTIVE MEMBER OF HFBC TO JOIN STEPHEN MINISTRY**

Current Church Membership \_\_\_\_\_ How Long? \_\_\_\_\_ Years

Current Sunday School Department \_\_\_\_\_

Which campus do you attend: Loop  Cypress  Downtown  Sienna

Marital Status: Never Married  Married  Separated  Divorced  Widowed

Spouse's Name \_\_\_\_\_ Years Married \_\_\_\_\_

Have you discussed this commitment to Stephen Ministry with your spouse?

Yes  No

How does your spouse feel about this time commitment (50 hours of training, a 2 year commitment upon completion of training, Supervision Meetings twice monthly, Continuing Education once a month)?

**HOUSTON'S FIRST BAPTIST CHURCH**

**HOUSTON'S FIRST BAPTIST CHURCH**

**S T E P H E N M I N I S T R Y**  
**C O N F I D E N T I A L**

**ALL INFORMATION CONTAINED IN THIS APPLICATION IS  
CONFIDENTIAL AND WILL ONLY BE REVIEWED BY STEPHEN  
MINISTRY LEADERSHIP**

Complete each question or statement. Use a separate sheet of paper if necessary.

1. Describe your salvation experience.

2. As of today, describe your walk and relationship with Jesus Christ.

**H O U S T O N ' S F I R S T B A P T I S T C H U R C H**

**STEPHEN MINISTRY**  
**CONFIDENTIAL**

3. Why are you interested in becoming a Stephen Minister?

4. What spiritual gifts or strengths do you believe God has given you that would help you serve as a Stephen Minister?

5. In what ways do you think you would personally benefit from your training and service as a Stephen Minister?

**S T E P H E N   M I N I S T R Y**  
**C O N F I D E N T I A L**

6. To become a Stephen Minister you must complete 50 hours of initial training and commit to two years service as a Stephen Minister. During that two-year commitment you will be required to attend Supervision Meetings twice monthly and Continuing Education once a month in addition to your other Stephen Ministry duties. Which aspects of this will be difficult or challenging for you?

7. How would people who know you describe the way you relate to others?

8. Are you willing to commit to serve faithfully to the following?

Yes    No

The initial 50 hours of training

Regular visits to your care receiver or the hospital(s) assigned (weekly or a mutually agreed upon frequency)

Small Group Peer Supervision twice a month

Continuing Education once a month

Two-year commitment from the date of completion of training

**H O U S T O N ' S   F I R S T   B A P T I S T   C H U R C H**

**S T E P H E N   M I N I S T R Y**  
**C O N F I D E N T I A L**

Can you think of any changes that you might need to make in your life in order to fulfill this commitment?

9. How did you hear about Stephen Ministry?

- |  |   |
|--|---|
| <input type="checkbox"/> Weekly Guide            | <input type="checkbox"/> P.L.A.C.E                                    |
| <input type="checkbox"/> Sunday Order of Service | <input type="checkbox"/> Referral by a Staff Member                   |
| <input type="checkbox"/> Mail out                | <input type="checkbox"/> Referral by a Stephen Minister               |
| <input type="checkbox"/> Other                   | <input type="checkbox"/> Referral by a Stephen Minister Care Receiver |

10. Have you ever-received treatment for any emotional or psychological problems?

Yes                       No

11. If yes, when? (List most recent first.)

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Note: If you are currently involved in regular counseling with either a licensed psychologist or psychiatrist, although we may consider your application for training, this may be cause for placing your application on hold.

12. Were you prescribed medication during your treatment for any of the above?

Yes                       No

What medication was prescribed: \_\_\_\_\_

Are you currently taking any medication for the type of problems listed above?

**H O U S T O N ' S   F I R S T   B A P T I S T   C H U R C H**

# STEPHEN MINISTRY

C O N F I D E N T I A L

Yes

No

If you answered yes to any questions numbered 9-11, the Stephen Ministry Leadership Team will speak with you about this to better understand its significance in your life and ministry.

**[Note:** A great many caregivers have been made stronger in their care giving ministry through the care they themselves have received, including that from mental health professionals. Your Stephen Ministry Leadership Team affirms the work of mental health professionals who have helped so many individuals to experience growth and healing, and simply wants to be as fully informed as possible about their Stephen Ministers.]

13. Have you ever been charged with/or convicted of a crime (felony/misdemeanor)?

Yes

No

If yes, explain in detail.

14. Please provide five references. At least two should not be members of this congregation:

(a) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

HOUSTON'S FIRST BAPTIST CHURCH

**S T E P H E N M I N I S T R Y**

**C O N F I D E N T I A L**

Phone Number ( ) \_\_\_\_\_ HFBC Member? Yes  No

(b) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ HFBC Member? Yes  No

(c) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ HFBC Member? Yes  No

(d) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ HFBC Member? Yes  No

(e) Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship \_\_\_\_\_

**H O U S T O N ' S F I R S T B A P T I S T C H U R C H**



# STEPHEN MINISTRY

C O N F I D E N T I A L

Phone Number ( ) \_\_\_\_\_ HFBC Member? Yes  No

Thank you for completing this application.

Please read and sign below:

The information 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 function within the boundaries of Stephen Ministries as adopted by my congregation/organization. I give permission for the Stephen Ministry Leadership, if it deems necessary: (Please initial the statements below to signify your consent.)

To call my references

Secure a police background check on me (Potential Worker Profile and Waiver of Confidentiality completed)

Consult with the treating physician(s) and/or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return application to:

Pastoral Care Office  
Attention: Dau Ayub  
Houston's First Baptist Church  
7401 Katy Freeway  
Houston, TX 77024

All information contained in this application is confidential and will only be reviewed by Stephen Ministry Leadership.

**HOUSTON'S FIRST BAPTIST CHURCH**