

STEPHEN MINISTER APPLICATION

NAME

STREET ADDRESS

CITY AND ZIP CODE

PHONES: (H)

(W)

(C)

EMAIL ADDRESS

IN A BRIEF, BUT COMPLETE MANNER, PLEASE RESPOND TO THE FOLLOWING QUESTIONS.

(Use a separate sheet of paper if you wish to share more than the spaces below allow.)

1. Describe why you are interested in becoming a Stephen Minister. Include ways you think you will benefit from the training, and then serving as a Stephen Minister.

2. What spiritual gifts and other talents do you believe you offer as a potential Stephen Minister?

3. How would people who know you describe your ability to relate to others?

4. Describe your personal relationship with Jesus Christ.

5. Have you received treatment for 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 the significance in your life and ministry.

[Note: A great many caregivers are strong and effective Stephen Ministers as a result of having received care from mental health professionals. This information is held in the strictest confidence and simply helps the Stephen Leader Team be as informed as possible in our decision-making process.]

6. Have you ever been charged with a crime? Yes____ No____
(If yes, please explain in detail. Someone from the Stephen Leader Team will talk with you about this, in strictest confidence, so we can better understand the impact in your life.)

7. Are you able to commit to serve for a period of no less than two years? This includes:

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

Yes ____ No ____

8. Have you ever trained and served as a Stephen Minister or Stephen leader in another congregation?
Yes____ No ____ If so, where, when, and for how long?

Name and telephone for a pastor and/or Stephen Leader whom we can contact.

Name_____ Phone #_____

PLEASE PROVIDE TWO REFERENCES WHO ARE **NOT** MEMBERS OF ST. PAUL'S CONGREGATION.

1. Name_____Relationship_____

Street Address_____

City, State and Zip Code_____

Phone # and/or email_____

2. Name_____Relationship_____

Street Address_____

City, State and Zip Code_____

Phone # and/or email_____

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 the two-year commitment to participate in Stephen Ministry training and in Small Group Supervision, and I will adhere to the confidential boundaries of Stephen Ministry, as adopted by the St. Paul's program. I give permission to check with my references and make other inquiries as to my acceptability for this important ministry, as is deemed necessary by the Stephen Leaders and/or Pastor liaison for the Stephen Program.

Signature_____Date_____