

## Application to Become a Stephen Minister

Date:

Name:

Address:

Home phone:

Cell phone:

Occupation:

Place of Work:

Work Phone:

Describe why you are interested in becoming a Stephen Minister.

What gifts, strengths, or experiences do you bring to Stephen Ministry?

What is your current understanding of what a Stephen Minister does?

Are you willing to commit to serve faithfully for a period of no less than 2 years?

This includes:

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

Yes

No

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

Have you ever received treatment for emotional or psychiatric problems?    Yes        No

(A great many caregivers have been made stronger in their caregiving ministry through the care they themselves have received, including through mental health professionals. Your Stephen Leader Team requests this information because they want to be as fully informed as possible about their Stephen Ministers.)

Have you ever been charged with a crime?    Yes        No

The information I have provided 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.

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

---