

4. From your current understanding of what it means to be a Stephen Minister, what do you think would be the difficult or challenging aspect(s) of this role for you?

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

6. 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);
- twice monthly Small Group Peer Supervision.

Yes No

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

7. Describe briefly your relationship with Jesus Christ.

8. Please provide three references who are not members 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 received treatment for any emotional or psychiatric problems?
 Yes No

If yes, 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 caregiving 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.]

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

If yes, explain in detail, using additional paper as needed.

Thank you for completing this application.

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, 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, if it deems necessary, to call my references, secure a police background check on me, and 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 _____