

STEPHEN MINISTER APPLICATION

CONFIDENTIAL

Name _____
Address _____
City/State/Zip _____
Home Phone _____ Work Phone _____

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?
3. 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?
4. In what ways do you think you would benefit personally from your training and service as a Stephen Minister?
5. How would people who know you describe the way you relate to others?

STEPHEN MINISTRY



(OVER)

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); and
 - twice-monthly Small Group Peer Supervision

_____ YES _____ NO

Are there any changes you would need to make in your life in order to fulfill this commitment?

7. Describe briefly your relationship with Christ.

8. Please provide one reference who is not a member of Christ Lutheran Church.

Name _____
Address _____
Relationship _____
Phone Number _____

(The following two questions are necessary. They are asked so that the Stephen Ministry Team can better understand life experiences and their significance in our lives and ministries)

9. Have you ever received treatment for any emotional or psychiatric problems?
_____ YES _____ NO

10. Have you ever been charged with a crime?
_____ YES _____ NO

Please read and sign below.

The information I have provided in this application is to the best of my knowledge true and complete. I agree to participate in Stephen Ministry Training, Group Supervision, and to function in ministry within the boundaries set forth by our church. I give permission for the Stephen Ministry Team, only if it deems necessary, to call my reference, secure a background check, and consult with mental health professionals regarding the nature of treatment received.

Signature _____ Date _____

Thank you.