



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

This includes:

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

Yes       No

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

7. Describe briefly your relationship with Jesus Christ.

8. Please provide two references who are not members of this congregation.

a. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

b. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone number \_\_\_\_\_

9. Have you ever trained and served as a Stephen Minister or Stephen Leader at another congregation?

Yes       No

If yes, please list where and when.

(This page to be read only by Stephen Ministry Clergy Person)

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

Yes       No

[Note: A great many caregivers have been made stronger in their caregiving ministry through the care they themselves have received, including care from mental health professionals. Your Stephen Ministry clergy person affirms the work of mental health professionals who have helped many individuals to experience growth and healing. This information is requested in order that the clergy person is as informed as possible about the church's Stephen Ministers.

11. Have you ever been charged with a crime?

Yes       No

If yes, explain in detail, using additional paper as needed. The Stephen Ministry clergy person will speak with you about this in order to better understand its significance in your life and ministry.

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 and in Small Group Peer Supervision and to function within the boundaries of Stephen Ministry as adopted by my congregation. 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) or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

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

Thank you for completing this application.