

CONFIDENTIAL



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

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 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 _____

(continued on the next page)

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.

Please include the name and telephone number of a pastor and/or Stephen Leader there whom we can contact.

Name _____ Telephone Number (____) _____

10. Have you ever received treatment for any 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 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 care from mental health professionals. Your Stephen Leader Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. Members of the Stephen Leader Team request this information because they want to be as fully informed as possible about their Stephen Ministers.]

11. Have you ever been charged with a crime?

☐ Yes ☐ No

If yes, explain in detail, using additional paper as needed. Someone from the Stephen Leader Team will speak with you about this so that the team may 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/organization. I give permission for the congregation/organization, 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.

___ Check here if you are interested in taking the training class without becoming a One to One Care Giver.