

# Stephen Minister Application



\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime phone  Cell  Work  Home

\_\_\_\_\_  
Address

\_\_\_\_\_  
Evening phone  Cell  Work  Home

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email address

1. How long have you been a member of our congregation?
  
2. Describe the reasons you are interested in becoming a Stephen Minister.
  
  
  
  
  
  
  
  
  
  
3. What spiritual gifts or strengths do you believe God has given you that would help you serve effectively as a Stephen Minister?
  
  
  
  
  
  
  
  
  
  
4. In what ways do you think you would benefit personally from training and serving as a Stephen Minister?

*(continued on next page)*



5. Based on your current understanding of what it means to be a Stephen Minister, what about this role do you think would be challenging for you?

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

7. Becoming a Stephen Minister involves serving faithfully for a period of no less than two years, which includes:

- Stephen Minister initial training (twenty 2½-hour sessions, for a total of 50 hours);
- weekly, in-person visits with your care receiver for about an hour, as agreed upon with the care receiver; and
- twice-monthly Small Group Peer Supervision and continuing education.

How willing and able are you to commit to these expectations? What changes might you need to make in your life in order to fulfill this commitment?

8. Briefly describe your relationship with Jesus Christ.

*(continued on next page)*

9. Provide three references. These should be people who are *not* members of this congregation and *not* members of your family. One of these references may be a pastor from a previous congregation.

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

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

2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

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

3

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

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

*(continued on next page)*

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

Yes    No

If yes, where and when did you serve?

Include the name and phone number of a pastor and/or Stephen Leader there whom we can contact.

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Name

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Phone number

11. Have you ever received treatment for any mental health issue?

Yes    No

If yes, someone from the Stephen Leader Team will speak with you about this so the team may better understand its significance in your life and ministry.

**Note:** Many people become involved in caring ministry because of the care they have received, including care from mental health professionals. The Stephen Leader Team needs this information in order to provide the best support possible for our Stephen Ministers.

12. 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 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, Small Group Peer Supervision, and Stephen Minister continuing education; to be accountable to my congregation's Stephen Leader Team and pastoral leadership in my service; 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 background check on me, and consult with the treating mental health professionals regarding the nature of any mental health care I have received.

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Signature

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Date