

► Stephen Minister Application-----

CONFIDENTIAL

Stephen Ministry©Form

We, the Stephen Ministry Leaders of Eastminster Presbyterian Church, do hereby acknowledge that in our volunteer service for EPC, we will have access to confidential information contained in the volunteer applications and/or records of volunteers serving the organization. We agree that we shall not disclose any such confidential information to any unauthorized person. All such information is private and confidential and only to be used in the Stephen Ministry Program.

Name_____

Address_____

City/State/Zip_____

Home phone_____Work phone_____

E-mail Address_____

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. In what ways do you think you would benefit personally from your training and service as a Stephen Minister?

4. 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?

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 Continuing Education and 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.

a. Name _____

Address _____

Relationship _____

Phone number _____

b. Name _____

Address _____

Relationship _____

Phone number _____

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

Yes

No

If yes, someone from the Stephen Leadership 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 Leadership Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. Members of the Stephen Leadership Team request this information because they want 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. This will not prevent you from serving as a Stephen Minister but will help us to better understand its significance in your life and ministry and to offer you support and assistance, if needed.

11. Have you ever been or are being treated for an addiction?

____ Yes

____ No

If yes, explain in detail. This will not prevent you from serving as a Stephen Minister but will help us to better understand its significance in your life and ministry and to offer you support and assistance, if needed.

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 Continuing Education, in Small Group 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 physicians(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.

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