



# Stephen Minister Application

CONFIDENTIAL

Stephen Ministry® Form

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. 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); 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 \_\_\_\_\_

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