

## CONFIDENTIAL

Name	
Address	
City/State/ZIP	
Home phone	Work phone
Cell phone	Email
1. Describe why you are interes	sted in becoming a Stephen Minister.
2. What spiritual gifts or streng would help you serve effectively	gths do you believe God has given you that y as a Stephen Minister?
<ol> <li>What other church ministries your role, and how long did you</li> </ol>	are you or have you been involved in, what was serve in those roles?

4. What do you think would be challenging aspects of being a Stephen Minister for you?
5. How would people who know you describe how you relate to others?
<ul> <li>6. Are you willing to commit to serve faithfully to:</li> <li>the initial 50 hours of training.</li> <li>regular visits to your care receiver (weekly or a mutually agreed-upon frequency)</li> <li>twice-monthly Small Group Peer Supervision sessions</li> <li>three Saturday morning Continuing Educations classes</li> <li>Yes</li> <li>No</li> </ul>
7. What changes would you need to make in your life to fulfill this commitment?

<ul> <li>9. Have you ever trained and served as a Stephen Minister or Stephen Leader of another congregation?</li> <li>o Yes</li> <li>o No</li> </ul>	tc
If yes, please list where and when.	
Please include the name and telephone number of a pastor and/or Stepher Leader whom we can contact.	1
Name Phone	

8. Briefly describe your relationship with Jesus Christ.

Name	
Address	
Relationship	
Phone	Email
Name	
Address	
	Email
Name	
	Email
Please read and sign be	
knowledge. I agree to partic Supervision and to function congregation/organization. I	led in this application is true and complete to the best of my sipate in Stephen Ministry training and in Small Group Peer within the boundaries of Stephen Ministry as adopted by my give permission for the congregation/organization, if it deems ces and secure a background check on me.
Signature	Date

Please provide three references not related to you and whom you have

known for at least three years.