



Stephen Minister Application

Confidential

Name: _____

Address: _____

City/ Province/ Postal Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

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 schedule)
- 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. How did you come to know Jesus as your Lord and Saviour?

8. Please provide 3 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: _____

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

Yes _____ No _____

If yes, please explain using additional paper as needed. Your Stephen Leader(s) 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 care-giving ministry through the care they themselves have received, including care from mental health professionals. Your Stephen Leaders affirm the work of mental health professionals, who have helped many individuals to experience growth and healing. The Stephen Leader(s) request this information because they want to be as fully informed as possible about their Stephen Ministers.)

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 to function within the boundaries of Stephen Ministry as adopted by St. Paul's Leaskdale. I give permission to St. Paul's Leaskdale, 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.