Stephen Minister Application

CONFIDENTIAL

Stephen Ministry® Form

Nan	me	
Add	lress	
City	y/State/ZIP	
Hon	ne phone Work phone	
E-m	nail 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.		e you willing to commit to serve faithfully for a period of no less than two years? This includes:
		he initial 50 hours of training;
		egular visits to your care receiver (weekly or a mutually agreed-upon frequency); and wice-monthly Small Group Peer Supervision.
		Yes □ No
		nat changes would you need to make in your life in order to fulfill this commitment?
-	ъ	The late of the second attention which with I have Obside
7.	Dе	scribe briefly your relationship with Jesus Christ.
8.	Ple	ease provide three references who are not members of this congregation.
	a.	Name
		Address
		Relationship
		Phone number
	h	Name
	۵.	Address
		Relationship
		Phone number
		Thone number
	c.	Name
		Address
		Relationship
		Phone number

9.	Have you ever trained and served as a Stephen Minister or Stephen Leader at another congregation? □ Yes □ No
	If yes, please list where and when.
	Please include the name and telephone number of a pastor and/or Stephen Leader there whom we can contact.
	Name Telephone Number ()
10.	Have you ever received treatment for any emotional or psychiatric problems? ☐ Yes ☐ No
	If yes, someone from the Stephen Leader 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 Leader Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. Members of the Stephen Leader Team request this information because they want to be as fully informed as possible about their Stephen Ministers.]
11.	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 that the team may better understand its significance in your life and ministry.
	ase read and sign below.
agr wit per bac	e information I have provided in this application is true and complete to the best of my knowledge. It ee to participate in Stephen Ministry training and in Small Group Peer Supervision and to function thin the boundaries of Stephen Ministry as adopted by my congregation/organization. I give mission for the congregation/organization, if it deems necessary, to call my references, secure a police kground check on me, and consult with the treating physician(s) or other mental health professionals arding the nature of any treatment I have received for emotional or psychiatric problems.
Sig	nature Date
Tha	ank you for completing this application. Please mail the completed application to:

Carol Allerton Attn: Paula Addington Fourth Presbyterian Church 126 E. Chestnut St. Chicago, IL 60611.2014