

Stephen Minister Application (Confidential)

Please fill out application form and return it to Lee Taylor at the church or email to lee.taylor@viennapres.org by **May 31, 2016**.

Date _____ 2016

Name _____

Street Address _____

City/State/Zip _____

Home Phone _____ Cell _____ Email _____

1. Why do you want to become a Stephen Minister?
2. What gifts and life experiences would you bring to Stephen Ministry?
3. In what ways do you think you might grow from this training and service as a Stephen Minister?
4. When you reflect on what it means to be a Stephen Minister, what do you think would be difficult or challenging aspects of this role for you?
5. Are you willing to commit to serve faithfully for two-and-a-half years, beginning in January 2017? This includes:
 - the initial 50 hours of training (during the first 6 months); then,
 - regular visits with your care receiver (weekly or mutually agreed-upon frequency); and,
 - twice-monthly continuing education and small group peer supervision (for the remaining two years).YES _____ NO _____

What change would you need to make in your life in order to fulfill this commitment?

6. Describe your relationship with God through Jesus Christ?

7. Are you comfortable with confidentiality, not discussing care receivers by name or implication?

8. Have you ever received treatment for any emotional or psychiatric issues?
___ Yes ___ No

If yes, the Stephen Leaders Team will take time during your interview to 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 that from mental health professionals. Your Stephen Leaders Team affirms the work of mental health professionals who have helped so many individuals to experience growth and healing.]

9. Have you ever been charged with a crime? ___ Yes ___ No
If yes, explain in detail, using additional paper as needed.

Thank you for your thoughtfulness and prayer in completing this application. 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 Small Group Peer Supervision, and to function within the boundaries of Stephen Ministry as adopted by my congregation. I give permission for the Stephen Ministry leadership team, if it deems necessary, to secure a background check on me, and consult with the treating physician(s) and/or other mental health professionals regarding the nature of any care I have received.

Signature _____ Date _____