

- 5. 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(respond with yes or no)**

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

- 6. Describe briefly your relationship with Jesus Christ.**

- 7. Please provide two references who are not members of this congregation.**

Name:

Address:

City

State

Zip Code

Relationship:

Phone number:

Name:

Address:

City

State

Zip Code

Relationship:

Phone number:

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

(respond with yes or no)

If yes, someone from the Stephen Leader Team will speak with you 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 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.)

9. Have you ever been charged with a crime?

(respond with yes or no)

If yes, explain in detail, using additional paper as needed. Someone from the Stephen Leader Team will speak with you so that the team may better understand its significance in your life and ministry.

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 and Small Group Peer Supervision, and to function within the boundaries of Stephen Ministry as adopted by my congregation/organization. I give permission for the congregation, 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.

