



Stephen Minister Application

CONFIDENTIAL

Name _____

Address _____

City/State/Zip _____

Home Phone Work Phone _____

Cell _____

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 people?

6. Are you willing to commit to serve faithfully for a period of no less than two years?

Indicate with a ✓ for each. This includes:

___ the initial 50 hours of training

___ regular visits to your care receiver (weekly or a mutually agreed-upon frequency) ___ twice-monthly Small Group Peer Supervision meetings

What changes would you need to make in your life in order to fulfill this commitment? 7.

Describe briefly your relationship with Jesus Christ.

8. Please provide three 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, someone from the Stephen Leader Team will speak with you about this so 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 the Stephen Ministers.)
10. Have you ever been charged with a crime?

☐Yes ☐No

If yes, please explain in detail, using additional paper, if necessary. Someone from the Stephen Leader Team will speak to you about this so 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, in Small Group Peer Supervision, and to function within the boundaries of Stephen Ministry as adopted by my Congregation. I authorize a Stephen Leader to call my references and consult with the treating physician(s) or other mental health professionals regarding the nature of any treatment I have received in emotional or psychiatric care. *I also agree to Ministry Safe Training, which includes a confidential criminal background check and on-line training videos and testing.*

Signature Date

We appreciate your willingness to complete this application. Please place your completed application into an envelope, seal it and mark it ***Attention: Stephen Minister Training Coordinator*** and return it to **FUMC of McKinney, 315 N. Church, McKinney, TX 75069. Questions? Call the church office at 972-562-8556 and speak to Rev. Ed Volfe or contact Jeannine Boss at 214-886-7666.**

These additional Stephen Leaders will also be able to answer your questions:
Jeannine Boss 214-886-7666
Lynn Alfes, 214-901-0857