



# Stephen Minister Application

Smithfield United Methodist Church

**CONFIDENTIAL**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Birthday \_\_\_\_\_

Employer / Title \_\_\_\_\_

E-mail \_\_\_\_\_

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 frequency)
  - twice-monthly supervision meetings
  - yearly continuing education retreat

Yes \_\_\_\_\_ No \_\_\_\_\_

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 Numbers \_\_\_\_\_

b. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

c. Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Numbers \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, someone from the Stephen Ministry 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 care giving 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 Stephen Leader team request this information because they want to be fully informed as possible about their Stephen Ministers.]

10. 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.

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 Supervision, and to function within the boundaries of Stephen Ministry as adopted by the congregation of Smithfield UMC. I give permission for the Stephen Ministry leadership team, 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. It can be left in the Stephen Ministry mail box or in the church office for the Stephen Ministry Leader Team.