



Stephen Minister Application – Class of 2024

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Alternate Number: _____

Email: _____

Please answer all questions thoroughly (you may attach additional paper if necessary)

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:

- a. The initial 50 hour training;
- b. Regular visits to your care receiver (weekly or mutually agreed-upon frequency);
- c. Twice-monthly Small Group Peer Supervision

____ 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, that are not current Stephen Minister Leaders. At least one person should be a member of this congregation; one should be outside this church. The third persons could be either.

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 problem? (answers will be kept confidential)

____ Yes ____ No

If yes, a pastor from the church staff will speak with you about this, 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 care from mental health professionals. Your Stephen Minister Leadership Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. The application requests 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? (answers will be kept confidential)

____ Yes ____ No

If yes, a pastor from the church staff will speak with you about this, to 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 in Small Group Peer Supervision and to function within the boundaries of Stephen Ministry as adopted by my congregation. I give permission for the congregation, if it deems necessary, to call my references and secure a police background check.

Signature _____ Date _____

Thank you for completing this application.

Please return (in a sealed envelope) to Caroline Parker in the Witherspoon Building or mail to WMPC, Attn: Caroline Parker, 1704 Oberlin Road, Raleigh NC 27608 by November 1, 2023.