St Peter Church

55 North Jefferson St.

Monument, CO 80132

719.481.3511

Confidential Stephen Ministry Application

Return completed application to the church office.

Stephen Leaders: Therese Davern, Vicky McAdams, Lucille Lambrech, Dorian Svilka

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe why you are interested in becoming a Stephen Minister.

What spiritual gifts or strengths do you believe God has given you that would help you serve effectively as a Stephen Minister?

In what ways do you think you would personally benefit from your training as a Stephen Minister?

How would people who know you describe the way you relate to other?

Describe briefly your relationship with Jesus Christ.

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

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

If yes, someone from the Stephen Leader Team will speak with you about this so we 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 professions. 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 Ministry Team request this information because they want to be as fully informed as possible about their Stephen Ministers.

Have you ever been charged with a crime? Yes\_\_\_ No\_\_\_

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

Please provide two character references.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 St. Peter Church, Monument, CO. I give permission for St. Peter Church to call my references, secure a police background check on me and consult with the treating physicians or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_