

# THE FOLLOWING ARE THE REQUIREMENTS FOR CONSIDERATION FOR STEPHEN MINISTRY TRAINING



- Must be a member of The Church of The Cross
- Signed TCOTC Statement of Faith
- Completed Stephen Ministry application (next page)
- Completion of TCOTC Leadership Training prior to commissioning
- Commitment of at least two (2) years to the Stephen Ministry program
- Attend bi-monthly peer supervision meetings
- Stephen Minister will be available throughout the year for Christ-centered care; Stephen Minister and their care receiver will mutually agree upon the means by which this availability is to be sustained
- Commitment of at least (2) years to Stephen Ministry Leadership upon Stephen Ministry Leadership commissioning

Revised April 2023



# Stephen Minister Application

CONFIDENTIAL

Stephen Ministry® Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

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

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?

(continued on the next page)



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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); and
- ▶ 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 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 \_\_\_\_\_

*(continued on the next page)*

9. Have you ever trained and served as a Stephen Minister or Stephen Leader at another congregation?

Yes  No

If yes, please list where and when.

Please include the name and telephone number of a pastor and/or Stephen Leader there whom we can contact.

Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

10. 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 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 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 their Stephen Ministers.]

11. 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 and in 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/organization, 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.