

Matthews United Methodist Church

Stephen Minister Application

CONFIDENTIAL:

Name _____ Date _____
Address _____
City/State/ZIP _____
Preferred phone (cell-home) _____ Work phone _____
E-mail address _____

If you are interested in applying, please fill out this application and return it in a sealed envelope to the church office labeled: Attention: Richard Martin, Stephen Ministry. You will then be contacted to arrange an interview with one of the Stephen Minister Leaders.

Thank you.

MUMC Stephen Leader Team

Questions? Contact one of the Stephen ministers or email:

stephenministry@matthewsumc.org

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?

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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. 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 () _____

6. Are you willing to make a 24-month commitment after the training period?

a. The training period will include the 50 hour basic training program and reading/study assignments at home.

b. The service period will aspire with regular weekly visits to a care receiver and bi-weekly (1st & 3rd Tuesday at 7:00pm) supervisory sessions.

c. Additional Continuing Education sessions occur on the 5th Tuesday of a given month (approx. 4 per year) from 7-9 pm and one Saturday day session in October.

Yes: ____ No: ____

7. There is a \$70.00 fee for materials used in training. (Church budgeted funds and individual donations cover most of the other costs of the ministry.)

Will you be able to pay the fee?

Yes: ____ No: ____ (I may need some help with this)

8. Describe briefly your relationship with Jesus Christ.

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 convicted 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.

I give permission for MUMC, if it deems necessary, to 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.

Rec'd: _____

Interviewer: _____

Date: _____

Class Begun: _____