

**Stephen Minister Application (confidential)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which church do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If SBC, which campus? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return the Stephen Minister Application to Counseling Ministry, Scottsdale Bible Church, 10304 N. Hayden Rd, Suite 130, Scottsdale, 85258, or email to** **tsparks@scottsdalebible.com****.** You will be contacted upon receipt of your application to arrange for a screening interview.

After completion of the training, Stephen Ministers are expected to attend Stephen Minister meetings on the first and third Mondays of the month for peer supervision. Once assigned to a Care Receiver, Stephen Ministers meet with their Care Receivers on a weekly (or otherwise determined) basis.

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 as a Stephen Minister?**

1. **In what ways do you think you would personally benefit from your training and service as a Stephen Minister?**
2. **Stephen Ministry is a care-giving ministry to help those who are hurting. Are you at a place in your life where you are able to give rather than receive?**
3. **From your current understanding of what it means to be a Stephen Minister, what do you think would be the difficult or challenging aspect(s) of this role for you?**
4. **How would people who know you describe the way you relate to others?**

**7.** **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 Small Group Peer Supervision.
* Yes ❑ No

Can you think of any changes that you might need to make in your life in order to fulfill this commitment?

1. **Describe briefly your relationship with Jesus Christ.**
2. **Have you ever received treatment for any emotional or psychiatric problems?**

 ❑ Yes ❑ No

If yes, the Stephen Ministry Leadership Team 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 that from mental health professionals. Your Stephen Ministry Leadership Team affirms the work of mental health professionals who have helped so many individuals to experience growth and healing, and simply wants to be as fully informed as possible about their Stephen Ministers.)

1. **Have you ever been charged with a crime? ❑ Yes ❑ No**

If yes, explain in detail, using additional paper as needed.

**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 my congregation/organization. I give permission for the congregation, if it deems necessary, to call my references, secure a police background check on me, and consult with the treating physician(s) and/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.**

Revised 10-2020

SMTraining2020/SMApplication10-2020