



# Stephen Minister Application

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CONFIDENTIAL

## YOUR INFORMATION:

Name:

Address:

City/State/ZIP:

Home/Cell phone:

Work Phone:

When is the best time to contact you?

**PLEASE ANSWER THE FOLLOWING QUESTIONS USING 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. Describe briefly your current prayer life.

7. 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

8. How long have you been attending Trinity?

9. Have you had experience with the Stephen Ministry? If yes, please provide details.

10. Please provide a reference (name and phone number/email) from someone who knows you well and can speak to your suitability for this ministry. Briefly describe the capacity in which they know you.

11. Have you ever been charged with a crime?

Yes

No

If yes, please explain in detail, using additional paper if necessary. 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 the Stephen Ministry as adopted by Trinity. I give my permission for the clergy and/or Stephen Leaders to contact my reference and obtain a background check.**

Signature:

Date:

**Thank you for completing this application. Please return this completed form to the main office or email to [rebeccarosecrouch@gmail.com](mailto:rebeccarosecrouch@gmail.com).**