



Stephen Minister Application

Name _____

Address _____

City/State/Zip _____

Home phone _____ Cell phone _____

Email _____

1. How long have you been a member of Saint Ambrose Parish?

2. Describe why you are interested in becoming a Stephen Minister.

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

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

5. 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?

6. How would people who know you describe the way you relate to others?

7. Are you willing to commit to serve faithfully for a period of no less than two years? This includes:

- Stephen Minister initial training for a total of 50 hours;
- Weekly visits with your care receiver for about an hour, as agreed upon with the care receiver; and
- twice-monthly Small Group Peer Supervision and learning.

Yes No

What changes would you need to make in your life in order to fulfill this commitment?

8. Briefly describe your relationship with Jesus Christ.

9. 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. The Stephen Leader Team request this information because they want to be as fully informed as possible about our Stephen Ministers.

10. 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.

11. Please provide two references who are not members of Saint Ambrose and not members of your family that may be contacted for a recommendation.

- Name _____
Address _____
Relationship _____
Phone number _____
- Name _____
Address _____
Relationship _____
Phone number _____

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 Saint Ambrose. I give permission for Saint Ambrose, if it deems necessary, to call my references, secure a 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.

Signature _____ Date _____

Thank you for completing this application. Please bring the completed application to the PLC Front Office to the attention of **Lisa Homady** or **Carol Maline** or email to Lisa at LHomady@stambrose.us or Carol at CMaline@stambrose.us.

