



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

6. Are you willing to commit to serve faithfully for a period of no less than two years?

This includes:

- a. The initial 50 hour training;
- b. Regular visits to your care receiver (weekly or mutually agreed-upon frequency);
- c. 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, that are not current Stephen Minister Leaders. At least one person should be a member of this congregation; one should be outside this church. The third persons could be either.

a. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

b. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

c. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

9. Have you ever received treatment for any emotional or psychiatric problem? (answers will be kept confidential)

Yes  No

If yes, a pastor from the church staff 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 care from mental health professionals. Your Stephen Minister Leadership Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. The application requests this information because they want to be as fully informed as possible about the Stephen Ministers.]

10. Have you ever been charged with a crime? (answers will be kept confidential)

Yes  No

If yes, a pastor from the church staff will speak with you about this, to 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 the congregation, if it deems necessary, to call my references and secure a police background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application.

Please return (in a sealed envelope) to Amy Claprod in the Witherspoon Building  
or mail to WMPC, Attn: Amy Claprod, 1704 Oberlin Road, Raleigh NC 27608  
by November 1, 2020.

