

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 hours of training**
- b. Regular visits with your care receiver (mutually agreed upon frequency)**
- c. Twice-monthly Group Supervision with the leader.**

YES NO

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

7. Describe briefly your relationship with Jesus Christ

8. Please provide three references

- 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 problems?

YES NO

(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 a fully informed as possible about their Stephen Ministers, so they may assign care receivers to the best Stephen Minister)

10. Have you ever been charged with a crime?

YES NO

If yes, explain in detail, using additional paper as needed. Someone in the Stephen Leader Team will speak with you about this so that the team may better understand its significance in your life. This does NOT necessarily eliminate you from being a Stephen Minister.

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 Church. I give permission to Valley Real Life, if it deems necessary to call my references, secure a police background check on me, and consult with the treating physician or mental health professional regarding the nature of any treatment I have received for emotional or psychiatric problems.

Signature _____ Date _____

Thank you for completing this application. A Stephen Ministry Leader will be in touch with you.