**L-6(23)**

**Stephen Leader Application**

**Stephen Ministry® Form**

Name Address City/State/ZIP Home phone Work phone E-mail address

1. Describe why you are interested in becoming a Stephen Leader.
2. What spiritual gifts or strengths do you believe God has given you that would help you serve effectively as a Stephen Leader?
3. In what ways do you think you would benefit personally from your training and service as a Stephen

Leader?

1. Based on your current understanding of what it means to be a Stephen Leader, what do you think would be difficult or challenging aspects of this role for you?
2. How would people who know you describe the way you relate to others?

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

- Attending week long leadership training

-Recruiting Stephen Ministers

-Conducting 50 hours of training to potential Stephen Ministers

-Finding care receivers and attending Stephen Leader meetings

D Yes D No

What obstacles in your life would keep you from fulfilling these duties and what changes would you have to make to committ to Stephen Leadership if any?

7.

Describe briefly your relationship with Jesus Christ.

1. Please provide three references who are not members of this congregation.
   1. Name Address Relationship Phone number
   2. Name Address Relationship Phone number
   3. Name Address Relationship Phone number

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1. Have you ever trained and served as a Stephen Minister or Stephen Leader at another congregation?

D Yes D No

If yes, please list where and when.

Please include the name and telephone number of a pastor and/or Stephen Leader there whom we can contact.

Name Telephone Number ( )

1. Have you ever received treatment for any emotional or psychiatric problems?

D Yes D No

If yes, someone from the current 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. Members of the Stephen Leader Team request this information because they want to be as fully informed as possible about their Stephen Ministers.]

1. Have you ever been charged with a crime?

D Yes D 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.

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 Leader training, administer the program and to function within the boundaries of Stephen Ministry as adopted by my congregation/organization. I give permission for the congregation/organization, if it deems necessary, to call my references, secure a police 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 for emotional or psychiatric problems.

Signature Date

Thank you for completing this application.

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