

STEPHEN MINISTRY  
ST. JOHN'S UNITED METHODIST CHURCH  
AIKEN, SOUTH CAROLINA

Dear Stephen Ministry Applicant,

The St. John's Stephen Ministry leadership team is delighted that you are interested in applying to become a Stephen Minister. Please complete the attached application. And return it by mail, postmarked not later than October 17, 2014 to:

Rick Endler  
4023 Pheasant Run  
Aiken, SC 29803-6855

Please ensure you mark the lower left-hand corner of the return envelope "Confidential" and do not return the completed application via email. Any questions you may have about the application or the Stephen Ministry program may be directed to one of the Stephen Leaders listed below. To ensure timely receipt, we ask that you do not drop off your completed application at the church office.

Following receipt of your completed application and a satisfactory background check, you will be contacted by one of the Stephen Leaders to schedule an interview with the Stephen Ministry Leadership Team. Applicants accepted into the Stephen Ministry training program will be notified beginning December 1, 2014. Training will begin on a date to be announced in January 2015.

Again, thank you for your interest in becoming a part of Stephen Ministry at St. John's.

In His Service,

The Stephen Ministry Leadership Team

Alice Allington 642-3492	Jeanette Isaacson 644-9168	Rick Endler 649-7697	Bob Kosky 642-2848
Steve Lathrop 649-4508	Nancy Reed 648-0221		



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. Are you willing to commit to serve faithfully for two years? This includes:

- The initial training
- Regular visits to your care receive
- Small Group peer Supervision

\_\_\_yes \_\_\_no

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

7. Please check areas you are currently involved in for growing in Christian faith:

- \_\_\_\_\_Bible Study  
\_\_\_\_\_Regular Worship  
\_\_\_\_\_Share Group  
\_\_\_\_\_Personal Devotion  
\_\_\_\_\_Prayer Partner/Prayer Group/Prayer chain  
\_\_\_\_\_Mentoring Relationship  
\_\_\_\_\_Other: \_\_\_\_\_  
\_\_\_\_\_Other: \_\_\_\_\_

8. Please provide two references who are not members of this congregation. Also, list if someone from the congregation encouraged you to connect with Stephen Ministry (Pastor, Elder, Stephen Leader/Minister, other member):

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Person in congregation that encouraged you (if applicable) \_\_\_\_\_

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 the 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.]

10.      Have you ever been charged with a crime?      Yes      No

If yes, explain in detail, using addition 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 Ministry training, in Small Group Peer Supervision, 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.