

Woodlands Church Stephen Ministry Application

Confidential

Application Date: _____

OFFICE USE ONLY:

Date Received: _____

Interview: _____

Reference Ck: _____

PLEASE PRINT OR TYPE

Name _____ Marital Status _____
Last First M.I.

Address _____ City _____ State ____ Zip _____

E-mail _____

Home Phone (____) _____ Work Phone (____) _____

*Important: Please note that Stephen Ministry training is provided through Stephen Ministry Organization and as commissioned Stephen Ministers you will serve under the name, leadership and supervision of Woodlands Church and **though those who receive care from our Stephen Minister Caregivers may come from outside our congregation, all Stephen Minister Caregivers must be members or regular attenders of Woodlands Church and consider this their home church.***

Do you consider Woodlands Church your home church? ____ Yes ____ No

How often do you attend services here? ____ weekly ____ monthly ____ less than monthly

Are you involved in any other ministry at Woodlands Church? If so, what ministry? _____

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

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

3. I have taken the SHAPE class at Woodlands Church. ____ Yes ____ No

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

5. Based on your current understanding of what it means to be a Stephen Minister Caregiver 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:

- The initial 50 hours of training;
- Regular contact with your care receiver (weekly or a mutually agreed-upon frequency); and
- Twice-monthly Small Group Peer Supervision.

___ Yes ___ No

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

8. Describe briefly 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 Minister 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 Ministry Leader Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. Members of the Stephen Ministry Leader Team request this information because they want to be fully informed as possible about their Stephen Ministers.)

10. Yes ___ No ___ I understand the importance of being sexually pure. I affirm that this lifestyle is true of me at this time.

Yes ___ No ___ I agree to let the church know if that situation changes and to step down from my responsibilities as a Stephen Minister until those issues are resolved.

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

Yes ___ No ___ Within the last 3 years, have you struggled with drugs, alcohol, gambling, pornography, or any other addiction?

Yes ___ No ___ Has anyone suggested that you may have a problem with any of these things?

Yes ___ No ___ Have you ever participated in physical abuse, sexual abuse, or molestation?

If you answered yes to any of the above questions, please explain in detail, using additional paper as needed. The Stephen Ministry Leader Team needs to better understand its significance in your life and ministry.

PERSONAL REFERENCES (These people should be well acquainted with you, including your abilities, character, and lifestyle.)

1. Name _____ Nature of Association _____
Home Phone (____) _____ Work Phone (____) _____
Email address _____
How long have you known the individual? _____

2. Name _____ Nature of Association _____
Home Phone (____) _____ Work Phone (____) _____
Email address _____
How long have you known the individual? _____

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