

STEPHEN MINISTRY APPLICATION



Port Charlotte
United Methodist Church

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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 two references.

a. Name _____

Address _____

Relationship _____

Phone number _____

b. Name _____

Address _____

Relationship _____

Phone number _____

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

____ Yes ____ No

If yes, someone from the Stephen Leadership 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 Leadership Team affirms the work of mental health professionals, who have helped many individuals to experience growth and healing. Members of the Stephen Leadership 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. This will not prevent you from serving as a Stephen Minister but will help us to better understand its significance in your life and ministry and to offer you support and assistance, if needed.

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11. Have you ever been or are being treated for an addiction?

____ Yes ____ No

If yes, explain in detail. This will not prevent you from serving as a Stephen Minister but will help us to better understand its significance in your life and ministry and to offer you support and assistance, if needed.

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 Continuing Education, in Small Group 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 physicians(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.



STEPHEN MINISTRY
Christ caring for people through people.

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