



**STEPHEN
MINISTRY**

Application to Receive Care

Date: _____

Name: _____

Address: _____

Date of Birth: _____

Cell Phone: _____

Email: _____

Is it okay to leave messages for you? Y N

Marital Status: Single Married Divorced Widowed

Occupation: _____

What prompted you to consider having a Stephen Minister?

How serious is this situation?

Mild Moderate Very Extreme Total

What do you hope to achieve through Stephen Ministry?

Are you currently receiving care from another individual? Yes No

Are you currently active in a church? Yes No Uncertain

If so, what church do you attend? _____

Please return this form to:



Bethel Church Care Ministry
2702 30th Ave S, Fargo ND 58103
701-232-4476 | www.bethelc.com

Office Use Only: _____	[SS]
_____	[Agr/ SL]
_____	[SM]
_____	[Closed]