



Name _____

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?

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

Yes No

If yes, please list where and when.

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

Name _____ Telephone Number (_____) _____

Continued on the back.

Please return this form to:

Office Use Only: _____ [SS]



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

_____ [BGC]

_____ [Int]

4. 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: 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.]

We ask you to commit to serving as a Stephen Minister for two years. This includes:

- 50 hours of training;
- regular visits with your care receiver (weekly to monthly, depending on where your care receiver is in their journey); and
- monthly Small Group Peer Supervision.

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 and in Small Group Peer Supervision and to function within the boundaries of Stephen Ministry as adopted by Bethel Church.

Signature _____ Date _____