Immanuel Lutheran Church - Stephen Minister Application CONFIDENTIAL

Name:	
Street:	City/State/ZIP:
E-mail address:	
Home Phone:	Work/Mobile Phone:
1. Describe why you are interested in becoming a Ste	phen Minister.
2. What spiritual gifts, strengths or experiences do yo effectively as a Stephen Minister?	ou believe God has given you that would help you serve
3. In what ways do you think you would benefit person Minister?	onally from your training and service as a Stephen
4. Based on your current understanding of what it me would be difficult or challenging aspects of this role for	
5. How would people who know you describe the way	y you relate to others?
6. Are you willing to commit to serve faithfully for a the initial 50 hours of training; regular visits to your of frequency); and twice-monthly Small Group Peer SupYes No	care receiver (weekly or a mutually agreed-upon

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Name:		
Relationship:		
Phone:		
Name:		
Relationship:		
Phone:		
9. Have you ever to	trained and served as a Stephen Minister or Stephen Leader at another congr	regation?
Yes	No If yes, please list where and when	
Please include the contact.	e name and telephone number of a pastor and/or Stephen Leader there whom	we may
Name	Telephone Number	_
agree to participate the boundaries of S congregation/organ	gn below. have provided in this application is true and complete to the best of my kno te in Stephen Ministry training and in Small Group Peer Supervision and to Stephen Ministry as adopted by my congregation/organization. I give perminization, if it deems necessary, to check my references and background. rovided here will be kept in strict confidence.	function within
Signature		
Signature		

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

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