

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

8. Please provide two personal references.

Name:
Relationship:
Phone:

Name:
Relationship:
Phone:

9. 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 there whom we may contact.

Name _____ Telephone Number _____

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 and in Small Group Peer 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 check my references and background.

All information provided here will be kept in strict confidence.

Signature _____

Date _____

Please place in a sealed envelope marked “Stephen Minister Application” and return to the church office or to a Stephen Leader