



# CROSSROADS

## Stephen Minister Application

*This form is CONFIDENTIAL*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
Email \_\_\_\_\_

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. In what ways do you think you would benefit personally from your training and service as a Stephen Minister?
  
4. Based on your current understanding of what it means to be a Stephen Minister, what do you think would be difficult or challenging aspects of this role for you?
  
5. How would people who know you describe the way you relate to others?
  
6. Are you willing to commit to serve faithfully for a period of no less than two years? This includes:
  - a. the initial 50 hours of training
  - b. regular visits to your care receiver (weekly or a mutually agreed-upon frequency)
  - c. twice-monthly Small Group Peer Supervision

Yes  No
  
7. What changes would you need to make in your life in order to fulfill this commitment?
  
8. Describe briefly your relationship with Jesus Christ (use additional paper if needed):

Please provide three references:

**Name and Relationship**

Address:

Phone and email:

**Name and Relationship**

Address:

Phone and email:

**Name and Relationship**

Address:

Phone and email:

[The following questions are for informational purposes only and will not prevent you from becoming a Stephen Minister. The answers to all the questions on this form are to guide the Stephen Leader Team toward the proper direction for each individual's skill/experience set. Something you may find "negative" about your past may just be a blessing and asset to someone in need of true understanding.]

1. Have you ever received treatment for 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: A great many caregivers have been made stronger in their care giving 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.)
2. Have you ever been convicted of a crime  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. Members of the Stephen Leader Team request this information because they want to be as fully informed as possible about their Stephen Ministers.

**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 Small Group Peer Supervision, and to function within the boundaries of Stephen Ministry as adopted by my congregation/organization. I give permission for Crossroads Church, if deemed necessary, to verify the references I've provided and also to obtain a criminal background check. Further, I give permission to consult with the treating physician(s) or other mental health professional regarding the nature of any treatment I have received for emotional or psychiatric issues.

Signature \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_