

6. Are you willing to commit to serve faithfully for a period of no less than two years? This includes:
the initial 50 hours of training;

Q Yes Q No

Provide regular visits to your care receiver (weekly or a mutually agreed-upon frequency);

Q Yes Q No

and attend twice-monthly Small Group Peer Supervision Meetings.

Q Yes Q No

I understand there will be some initial costs for Training Materials. (Est. cost \$50.00)

Q Yes Q No

(If financial limitations exist please explain & the Leadership Team know of circumstances
& every effort will be made to find necessary resources for a qualified candidate.)

What changes would you need to make in your life in order to fulfill this training commitment & the 2
year caregiving commitment?

7. Do you see yourself having any problems maintaining confidentiality in all of your efforts with the Stephen Ministry
program? If so please elaborate.

Q Yes Q No

8. Please provide references who are not members of this congregation.

a. Name _____

Address _____

Relationship _____

Phone number _____

b. Name _____

Address _____

Relationship _____

9002 Phone number _____

9. Do you have any reservations of the possibility of being assigned a care receiver beyond members of Peace. If so please explain?

Q Yes Q No

10. Will you be able and willing to participate in Continuing Education periodically to better prepare in your care giving?

Q Yes Q No

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

Q Yes Q 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 can contact.

Name _____ Telephone Number (_____) _____

12. Have you ever received treatment for any emotional or psychiatric problems?

Q Yes Q 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 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.]

13. Have you ever been charged with a crime?

Q Yes Q No

If yes, explain in detail, using additional paper as needed. 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.

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 Peace Lutheran Church. I give permission for Peace Lutheran, if it deems necessary, to call my references, secure a police background check on me, and consult with the treating physician(s) or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

Signature _____ Date _____