## St. Maximilian Kolbe Catholic Church

5720 Hamilton-Mason Rd. Liberty Township, OH 45011 | saint-max.org Tel 513-777-4322 | Fax 513-777-7264



## **Stephen Minister Application**

"Whoever loves his brother lives in the light, and there is nothing in him to make him stumble." ~1 John 2:10

Name		Date
Addre	ess	Birthdate
City/S	state/Zip	
Email		Home phone
Cell or	r work phones	
	e answer the following questions. Fee sary. All information will be confiden	I free to use another piece of paper to support your answers, if atial.
1.	Why you are interested in becomin	g a Stephen Minister?
2.	What spiritual gifts or strengths do effectively as a Stephen Minister?	you believe God has given you that would help you serve
3.	In what ways would you benefit pe	rsonally 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 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:  • The initial 50 hours of training • Regular visits to your care receiver (weekly or mutually agreed upon frequency) • Twice monthly group peer supervision • □Yes □No
7.	Describe briefly your relationship with Jesus Christ.
8.	What life experiences have you had that you believe may help prepare you for Stephen Ministry?

9.	Please provide three references — at least one may not be a member of St. Max or a relative.
	A. Name
	Address
	Relationship
	Phone number
	Email
	B. Name
	Address
	Relationship
	Phone number
	Email
	C. Name
	Address
	Relationship
	Phone number
	Email
10.	Have you ever received treatment for any emotional or psychiatric problems? $\square$ Yes $\square$ 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 ministry through the care they themselves have received, including care from mental health professionals. Your Stephen Leade 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. All

information is kept confidential.

If yes, please 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 and Stephen Minister training, and to function within the boundaries of Stephen Ministry as adopted by St. Maximilian Kolbe Parish. I give permission for the Stephen Leader Team, 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 and psychiatric problems. I understand that while any specific diagnosis or details about my health may not be legally disclosed by a physician, St. Maximilian Kolbe Parish reserves the right to ask the professional to provide their approval or not for the applicant to continue the process to becoming a Stephen Minister.
Signature Date  Thank you for completing this application. May God bless you always!

11. Have you ever been charged with a crime?  $\square$  Yes  $\square$  No

"And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him." ~Colossians 3:17