Stephen Minister Application
Confidential

Name _____

Address _____

City/State/ZIP_____

Home Phone _____Cell Phone _____

Email address _____

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 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 a mutually agreed upon frequency)
   - ➢ Twice-monthly Small Group Peer Supervision/Continuing Education
     - ☐ Yes   ☐ No

   Training will likely take place in 2.5 hour evening sessions. Are there any days/times that WILL NOT work with your schedule?

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

   Are you able to contribute $75 toward the cost of training materials?
   ☐ Yes ☐ No (NOTE: this question has no bearing on your status as a Stephen Ministry applicant; it is solely for purposes of determining our Stephen Ministry budget)

7. Describe briefly your relationship with Jesus Christ.

8. Have you ever trained and served as a Stephen Minister or Stephen Leader at another congregation? (If "Yes," skip to Question 10)
   ☐ 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 can contact.
   Name_____ Telephone _____

9. Please provide three references (who are <u>not</u> members of your immediate family and are <u>not</u> members of this congregation) with the attached Stephen Ministry Reference Form to be returned to Rev. Jeff McClain, Boone United Methodist Church, 471 New Market Blvd., Boone, NC 28607. So that we can monitor the receipt of your references, please list their names below:

   Reference Name: _____

   Reference Name: _____

   Reference Name: _____

10. Have you ever received treatment for any 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 caregiving ministry through the care they themselves have received, including care from mental health professional. 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.)

11. Have you ever been charged with a crime?
☐ Yes ☐ 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 my congregation. I give permission for the Stephen Ministry Leadership Team, if it deems necessary, to call my references, secure a police background check on me, and consult with the treating physicians(s) or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

Signature_____ Date _____

Thank you for your interest in Stephen Ministries!
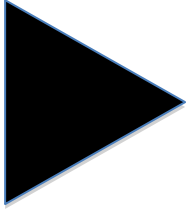
Stephen Ministry Reference Form
Confidential

I. Stephen Ministry Applicant fills in the following information:

I, _____Authorize _____ to provide a reference to Boone United Methodist Church.

_____   _____
Signature of Applicant   *Date*

II. Person giving the reference completes the following information:

Name _____
Telephone _____

1. How long have you known the above person? _____
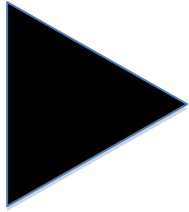2. In what capacity have you known him/her?

3. What abilities/qualities would make this person a good Stephen Minister (*a Stephen Minister is a volunteer trained to provide Christian care-giving to people experiencing a crisis, facing a challenge, or simply going through a tough time*)?

4. Other comments:

_____   _____
Signature of person giving reference   *Date*

Please return letter to:
Rev. Jeff McClain
Director of Congregational Care
Boone United Methodist Church
471 New Market Blvd.
Boone, NC 28607
care@booneumc.org

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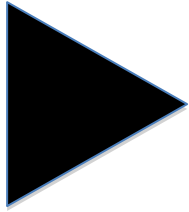6. In what capacity have you known him/her?

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12. Other comments:

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Boone, NC 28607
care@booneumc.org

Please complete the following **Authorization for Release of Information and for the Procurement of a Background Report**. DO NOT include the $5 fee; all costs are paid from the Stephen Ministry budget. DO NOT mail the authorization to the Appalachian District office. We will submit all the authorizations from the church to the Appalachian District office. Instead, return the completed form to:

Rev. Jeff McClain
Boone United Methodist Church
471 New Market Blvd.
Boone, NC 28607

Authorization for Release of Information and for the Procurement of a Background Report
LexisNexis Company

WAIVER and CONSENT: I, _____, (please print) authorize the Appalachian District of the United Methodist Church to obtain a criminal background and records check as well as other pertinent information for volunteer or employment purposes with regard to the Western North Carolina Conference Safe Sanctuaries Policy and Procedures Implementation containing the foregoing information from LexisNexis.

I am aware that the criminal background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies and others.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to the above requesting party.

I understand that any or all of this information may be used or reviewed by authorized persons of the _____United Methodist Church/Charge and/or the Appalachian District officials to uphold the said Child and Youth Protection Policy as set for in the WNCC Safe Sanctuaries Policy and Procedures.

I have read this waiver and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant: _____ Date: _____

Witness or Notary Signature: _____ Date: _____

Please mail signed forms to: Appalachian District Office
1710 Parkwood Drive South Suite
Wilkesboro, NC 28697

(Include a check for $5 per background check. Make check payable to "District Treasurer.")

Applicant Name: _____
(please print)

Applicant Address: _____

_____

Phone Number: (_____)_____

Date of Birth: _____ Social Security Number: _____

Church and Charge Name: _____

Pastor: _____