

**STEPHEN MINISTER APPLICATION ST. LUKE'S EPISCOPAL CHURCH**

***THANK YOU FOR TAKING THE TIME TO COMPLETE THIS APPLICATION  
INFORMATION PROVIDED WILL REMAIN CONFIDENTIAL***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please describe why you are interested in becoming a Stephen Minister:

1. What spiritual gifts or strengths do you believe God has given you that would help you serve as a Stephen Minister? (compassion, mercy, faith, encouragement, ability to listen, etc.)
2. What do you think would be difficult or challenging aspects of being a Stephen Minister?
3. Please describe situations or events when you reached out for help. (Example: friends, counseling, bereavement group)
4. 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 month Peer Supervision meetings  
\_\_\_\_\_ Yes \_\_\_\_\_ No

5. Please describe briefly your relationship with Jesus Christ.  
(If you need additional space, please use the riverside of this page.)
6. Have you ever been charged with a crime or been arrested? \_\_\_\_ Yes \_\_\_\_ No  
If yes, explain in detail, using additional paper as needed. One of our clergy will speak with you in confidence about this so thy may better understand its significance in your life and ministry.
7. Please provide two references who are not St. Luke's members:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work or Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work or Cell \_\_\_\_\_

***Answers provided on this application will be held in confidence. The application is to evaluate your gifts and strengths from God through faith, and also through your own life challenges and experiences to serve those who may be going through similar experiences.***

Please read and sign:

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 Peer Supervision meetings, and to function within the boundaries of Stephen Ministry as adopted by St. Luke's Episcopal Church. I give permission for St. Luke's, if it deems necessary, to call my references, secure a police background check on me, and consult with the treating physician(s) or mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to Rev. Carol Barron, Rector  
St. Luke's Episcopal Church, P.O. Box 1127, Port Salerno, FL 34992**

*St. Luke's Stephen Ministry Vision Statement:*

*To walk beside those in need of God's healing touch; to share our gifts of faith, mercy and encouragement, and reveal our personal relationship with God; to support and encourage each other by teaching the faith and by prayer.*