

## APPLICATION PROCESS

### Step One | Sensing God's Leadership

- You realize you have the gifts, commitment, and desire to become a Stephen Minister.
- You've felt God's "tap on your shoulder" to pursue the application process.
- You aren't quite sure at this point. Perhaps you need to seek God's guidance through prayer and begin the application process.



### Step Two | The Application Phase

- The Stephen Minister Application may be turned in at the Church Office or emailed as a saved PDF to Mike Graham ([mike.graham@calvarychurch.us](mailto:mike.graham@calvarychurch.us)) or mailed to:

Calvary Church  
Attn: Stephen Ministry  
2120 Lexington Ave N  
Roseville, MN 55113

- All applications will be carefully and prayerfully evaluated by the Stephen Ministry Leadership Team.

### Step Three | The Interview Phase

- If the Stephen Ministry Leadership Team determines you have the potential to become an effective Stephen Minister, a personal interview will be scheduled.
- Potential candidates will be notified in advance regarding an appointment time, and will be asked to meet with two Stephen Ministry Leaders for 30-45 minutes.
- Following the completion of all interviews, the final selection of candidates will be determined by the full Stephen Ministry Leadership Team and candidates will be invited to begin training as a Stephen Minister. Anyone not selected to become a Stephen Minister will be notified by the Stephen Ministry Leadership Team.

**CONTACT INFO**

*All information will be kept confidential.*

Name \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
\_\_\_\_\_ Phone (Work/Home) \_\_\_\_\_  
Birth Date \_\_\_\_\_ Email \_\_\_\_\_

**CALVARY CHURCH STATUS**

How long have you called Calvary Church your home? \_\_\_\_\_

Campus you attend most often:                     **Roseville Campus**                     **White Bear Campus**

**FAMILY**

Marital Status:     Single     Married     Widowed     Divorced

Name of Spouse (if married) \_\_\_\_\_

Please list your children below.

Name _____	Birth Date _____

**QUESTIONS REGARDING STEPHEN MINISTRY**

1. Describe why you are interested in becoming a Stephen Minister. \_\_\_\_\_  
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2. What strengths or spiritual gifts do you believe God has given you that would help you serve effectively as a Stephen Minister? \_\_\_\_\_

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3. In what ways do you think you would benefit personally from your training and service as a Stephen Minister? \_\_\_\_\_

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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? \_\_\_\_\_

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5. How would people who know you describe the way you relate to others? \_\_\_\_\_

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6. Are you willing to commit to serve faithfully for a period of **no less than two years**?

Keep in mind that after the initial 50-hour training you will begin:

- Regular visits to your care receiver (weekly or a mutually agreed-upon frequency)
- Twice-monthly Small Group Peer Supervision and Continuing Education (2.5 hours)

Yes       No

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

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7. Describe briefly your relationship with Jesus Christ. \_\_\_\_\_

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

Yes       No

*If you answered 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.*

9. Have you ever been charged with a crime?

Yes       No

*If you answered yes, please explain in detail, using additional paper. 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.*

## REFERENCES

Please provide three references, only one of which is a Calvary Church attendee/member, and one of which is a family member.

### 1. Reference

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
\_\_\_\_\_ Phone (Work/Home) \_\_\_\_\_  
Email \_\_\_\_\_

### 2. Reference

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
\_\_\_\_\_ Phone (Work/Home) \_\_\_\_\_  
Email \_\_\_\_\_

### 3. Reference

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
\_\_\_\_\_ Phone (Work/Home) \_\_\_\_\_  
Email \_\_\_\_\_

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 Calvary Church. I give Calvary Church permission to call my references and secure a background check on me.

If I am selected to be a Stephen Minister, I agree to be accountable to the Stephen Leader Team when serving as a Stephen Minister and agree that my appointment may be ended at any time the Team determines that it would be in the best interest of those involved. I understand that I am not authorized to obligate Calvary Church in any commitments.

NAME \_\_\_\_\_  
(Please Print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



#### MAIL OR RETURN APPLICATION TO:

Calvary Church  
Attn: Stephen Ministry  
2120 Lexington Ave N  
Roseville, MN 55113  
651.487.2855

#### OR EMAIL APPLICATION TO:

mike.grahamcalvarychurch.us  
(Re-save pdf with your name.)