



UNION BAPTIST CHURCH STEPHEN MINISTER APPLICATION

**This form will be kept in strict confidence.
Please type or print clearly. Use additional paper if needed.**

Applications are due on Sunday, October 23, 2022.

2023 Stephen Minister's Application may be returned by:

- email attachment stephenministry@UnionBaptistwp.org
- hard copy mailed to – UBC – Stephen Ministry | 31 Manhattan Avenue White Plains, NY 10607

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip Code: _____

Email: _____

Home Phone: _____ Work Phone: _____ Cell: _____

1. Describe why you are interested in becoming a Stephen Minister.

2. What specific gifts or strengths do you believe you have that would help you serve effectively as a Stephen Minister?





UNION BAPTIST CHURCH STEPHEN MINISTER APPLICATION

2a. Stephen Ministers may be called upon to walk alongside someone who has a variety of needs. Which needs do you think you would be best matched with (checkoff all that apply)?

- | | | |
|---|--|---|
| <input type="checkbox"/> Adjustment | <input type="checkbox"/> Death of a Spouse | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Assimilation | <input type="checkbox"/> Difficult Pregnancy | <input type="checkbox"/> New Member |
| <input type="checkbox"/> Birth of Child | <input type="checkbox"/> Divorce | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Caring for Elderly Parents | <input type="checkbox"/> Empty Nest | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Changing Jobs | <input type="checkbox"/> Faith Issues | <input type="checkbox"/> Serious Illness |
| <input type="checkbox"/> Chronic Disability | <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Grief/Bereavement | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Convalescence | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Terminal Illness |
| <input type="checkbox"/> Death of a Child | <input type="checkbox"/> In Trouble with Law | <input type="checkbox"/> Unwanted Pregnancy |
| <input type="checkbox"/> Death of a Parent | <input type="checkbox"/> Inactive Member | <input type="checkbox"/> Work Problems |

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?





UNION BAPTIST CHURCH STEPHEN MINISTER APPLICATION

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 three years, this includes all four of the following components:

- the initial 50 hours of training;
- regular visits with your care receiver (weekly or a mutually agreed upon frequency);
- monthly Continuing Education AND
- twice a month Small Group Peer Supervision

Check one: ____ Yes ____ No

6a. What changes would you need to make in your life in order to fulfill this commitment?

7. How would you describe your faith?





UNION BAPTIST CHURCH STEPHEN MINISTER APPLICATION

8. Please provide the names of the 3 references who would be in a position to know your skills/gifts relevant to being a Stephen Minister *at least one must be a member of this congregation. **Your references need to be submitted by October 23, 2022**

Please email or text this link to your 3 references who are listed below

<https://www.ubcstephenministry.com/referencesubmission>

a. Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

b. Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

c. Name: _____ Relationship: _____
Address: _____ Phone: _____
Email: _____

9. 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 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.]

10. Have you ever been convicted of a crime? Yes No

If yes, please explain in detail using additional paper as needed. Someone from the Stephen Ministry Team will speak with you about this so that the team may better understand its significance in your life and ministry. This information is necessary to address liability issues.





UNION BAPTIST CHURCH STEPHEN MINISTER APPLICATION

Agreement | Please read and sign below

The information I have provided in this application is true and complete to the best of my knowledge. If selected, I agree to participate in the Stephen Ministry training, in Small Group Peer Supervision, and to function within the boundaries of Stephen Ministry as adopted by my congregation. I give permission for someone from the Stephen Leader Team to call my references and research my background with the appropriate people if deemed necessary.

Signature: _____ Date: _____

Please, note there is a \$100 application fee to offset the costs of training materials, supplies, and in-person lunch. There are limited 50% scholarships for applicants. And for the first 5 men to apply there are 100% scholarships available. Application fees can be paid through FellowshipOne or check made out to Union Baptist Church, which must indicate STEPHEN MINISTER FEE. If you opt out training materials MUST be returned. If your application is defer, this fee is fully refundable.

