

Hope Lutheran Church



4695 Blue Rock Road Cincinnati, OH 45247 (513.923.3370)

www.HopeOnBlueRock.org

Dear Stephen-Minister Applicant,

³Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all consolation, ⁴who consoles us in all our affliction, so that we may be able to console those who are in any affliction with the consolation with which we ourselves are consoled by God. (2 Corinthians 1:2)

Thank you so much for considering **Stephen Ministry** through Hope. You have an opportunity to offer caring ministry for someone in need. This ministry is a gift we can all learn from. As Christians we are called to bear one another's burdens and be a consolation to anyone who has experienced loss.

Yes, this ministry is a journey of learning. It's a special calling. There is an application process. There will be an interview. Stephen Leaders will then meet to review each application and make a prayerful decision together. There are 22 weeks of training followed by an invitation to be commissioned as a Stephen Minister. All Stephen Ministers are connected to a supervisory group for support as they minister with others.

Every person is different and each Stephen Minister brings to this ministry a unique combination of gifts, personality and character. Pray about the application. Complete the application and mail it in to the church. Or you can scan and email your application using our email via our web page. **Bonnie Long** is the Stephen Leader in charge of the application process. If you have any questions, please call her at 513.892.1388.

Finally, share your interest in Stephen Ministry with your close family and friends. We are so grateful for the grand company of caring servants at Hope.

Thank you for your openness to this ministry.

Lisa Arrington

Rev. Lisa Arrington

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 a mutually agreed-upon frequency); and
 - ▶ twice-monthly Small Group Peer Supervision.
- Yes No

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

7. Describe briefly your relationship with Jesus Christ.

8. Please provide three references who are not members of this congregation.

a. Name _____
Address _____
Relationship _____
Phone number _____

b. Name _____
Address _____
Relationship _____
Phone number _____

c. Name _____
Address _____
Relationship _____
Phone number _____

(continued on the next page)

9. Have you ever trained and served as a Stephen Minister or Stephen Leader at another congregation?

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 Number (_____) _____

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 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.]

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/organization. I give permission for the congregation/organization, 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 or psychiatric problems.

Signature _____ Date _____

Thank you for completing this application.