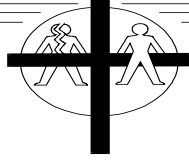


# STEPHEN MINISTRY



## APPLICATION CONFIDENTIAL

APPLICANTS MUST BE AN ACTIVE MEMBER OF HOUSTON'S FIRST BAPTIST CHURCH

Name				Application Date		
Address						
City/State/Zip						
Employer						
Occupation						
Home Phone				Mobile Phone		
Email						
Date of Birth						
Current Church Membership				How long?		Years
Current Life Bible Study Class				How long?		Years
Which campus do you attend?	Loop (includes Hispanic)		Cypress			
	Downtown		Sienna			
Sex:	Male					
	Female					
Marital Status:	Never Married					
	Married					
	Separated					
	Divorced					
	Widowed					
Spouses' Name				Years Married?		
Have you discussed this commitment to Stephen Ministry with your spouse?				Yes	No	
How does your spouse feel about this time commitment (50 hours of training, a 2-year commitment upon completion of training, Supervision Meetings twice monthly, Continuing Education once a month, and weekly meetings with a Care Receiver?)						

Complete each question or statement. Use a separate sheet of paper if necessary.

1. Describe your personal testimony of salvation, including the location and date (or your age).

2. As of today, describe your walk and relationship with Jesus Christ.

3. How did you hear about Stephen Ministry?

<input type="checkbox"/>	Weekly Guide	<input type="checkbox"/>	Referral by a Staff Member
<input type="checkbox"/>	Sunday Order of Service	<input type="checkbox"/>	Referral by a Stephen Minister
<input type="checkbox"/>	Mail out	<input type="checkbox"/>	Referral by a Stephen Minister Care Receiver
<input type="checkbox"/>	P.L.A.C.E.	<input type="checkbox"/>	Other:

4. Why are you interested in becoming a Stephen Minister?

5. What Spiritual gifts or strengths do you believe God has given you that would help you serve as a Stephen Minister?

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

7. Please describe how you would share your testimony, explaining to someone how you became a Christian as a tool for leading them to confessing their sins and having a personal relationship with Christ? How comfortable would you be doing this.

8. Describe your level of comfort regarding praying out loud with others?

9. To become a Stephen Minister, you must complete 50 hours of initial training at the Loop campus and commit to two years of service as a Stephen Minister. During that two-year commitment you will be required to attend Supervision Meetings twice monthly (at the Loop campus) in addition to your other Stephen Ministry duties. Which aspects of this will be difficult or challenging for you?

10. How would people who know you describe the way you relate to others?

11. Are you willing to commit to serve faithfully to the following?

Yes	No	
		The initial 50 hours of training
		Regular visits to your care receiver or the hospital(s) assigned (weekly or a mutually agreed upon frequency)
		Small Group Peer Supervision twice a month
		Two-year commitment from the date of completion of training

12. Can you think of any changes that you might need to make in your life in order to fulfill this commitment?

13. After careful consideration and prayer, please describe any areas of doctrine or moral belief on which your views differ from those of Houston’s First Baptist Church. Please refer to [www.houstonsfirst.org](http://www.houstonsfirst.org) and click on Know our Beliefs under Guest Central. You will also find the Baptist Faith and Message there.

14. Do you currently have any lifestyle choices, habits or patterns of behavior that would bring dishonor to the Lord, Houston’s First Baptist Church or Stephen Ministry if you were commissioned to serve as a Stephen Minister?

15. Is there anything on your social media accounts (Facebook, Twitter, Instagram, etc.) that you would be hesitant for your Life Bible Study teacher, pastor, or church members to see?

	Yes		No
	Possibly – Please Describe		

16. Have you ever received treatment for emotional or psychological problems?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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17. If yes, when? (List the most recent dates first.)

From		to	
From		to	
From		to	

NOTE: If you are currently involved in regular counseling with either a licensed psychologist or psychiatrist, although we may consider your application for training, this may be cause for placing your application on hold.

18. Were you prescribed medication during your treatment for any of the above?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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19. What medications were prescribed?

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20. Are you currently taking any medication for the conditions listed above?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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21. Have you ever been charged with/or convicted of a crime (felony/misdemeanor)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please explain in detail.

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If you answered "Yes" to any questions numbered 16 – 21 above, the Stephen Ministry Leadership Team will speak with you about this to better understand its significance in your life and ministry.

[Note: A great many caregivers have been made stronger in their care giving ministry through the care they themselves have received, including that from mental health professionals. Your Stephen Ministry Leadership Team affirms the work of mental health professionals who have helped so many individuals to experience growth and healing, and simply wants to be as fully informed as possible about their Stephen Ministers.]

22. Please provide five references. At least two references should be members of HFBC and at least two references should not be members of HFBC:

1.	Name				
	Address				
	Telephone				
	Relationship				
	HFBC Member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2.	Name				
	Address				
	Telephone				
	Relationship				
	HFBC Member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

3.	Name				
	Address				
	Telephone				
	Relationship				
	HFBC Member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

4.	Name				
	Address				
	Telephone				
	Relationship				
	HFBC Member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

5.	Name				
	Address				
	Telephone				
	Relationship				
	HFBC Member?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Thank you for completing this application.

23. Please read and sign below:

The information 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 function within the boundaries of Stephen Ministries as adopted by HFBC. I give permission for the Stephen Ministry Leadership, if it deems necessary, to...

(Please initial next to each statement below to signify your consent.)

	Call my references
	Secure a police background check on me (Potential Worker Profile and Waiver of Confidentiality completed)
	Consult with the treating physician(s) and/or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

Signature		Date	
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**If submitting by postal service, send your application to:**

Pastoral Care Office - Attention: Stephen Ministry  
Houston's First Baptist Church  
7401 Katy Freeway  
Houston, TX 77024

**If submitting by email, send your application to:**

StephenMinistry@HoustonsFirst.org

All information contained in this application is confidential and will only be reviewed by Stephen Ministry Leadership.