



**Winnetka Covenant Church**  
1200 Hibbard Rd • Wilmette IL 60091 • 847.446.4300

## Stephen Minister Application

*If you are interested in the call of becoming a part of Winnetka Covenant Church Stephen Ministry please complete this application and return to any leader of the Stephen Ministry Leader Team and/or directly contact us through [wccstephenministry@gmail.com](mailto:wccstephenministry@gmail.com) Please contact Nadia Jimenez with questions; [NadiaJJimenez@gmail.com](mailto:NadiaJJimenez@gmail.com), 224-520-4622. Stephen Ministry Leaders are: Karla Fogel, Nadia Jimenez, Dave Johnson, Joan Johnson and Karen Tzantetopolous.*

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

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

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?
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 two years?  
This commitment includes 50 hours of initial training, regular visits to your care receiver (weekly or mutually agreed-upon frequency, and twice monthly Small Group Peer Supervision.

Yes \_\_\_\_

No \_\_\_\_

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

8. Describe briefly your relationship with Jesus Christ.

9. Please provide three references who are not members of the WCC congregation.

1. Name: \_\_\_\_\_

o Address \_\_\_\_\_

o Relationship \_\_\_\_\_

o Phone number \_\_\_\_\_

2. Name: \_\_\_\_\_

o Address \_\_\_\_\_

o Relationship \_\_\_\_\_

o Phone number \_\_\_\_\_

3. Name: \_\_\_\_\_

o Address \_\_\_\_\_

o Relationship \_\_\_\_\_

o Phone number \_\_\_\_\_

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

Yes \_\_\_\_

No \_\_\_\_

If “Yes,” someone from Stephen Leader team will speak with you about this so that the team may better understand its significance in your life and ministry. 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 fully informed as possible about their Stephen Ministers.

11. Have you ever been charged with a crime?

Yes \_\_\_\_

No \_\_\_\_

If “Yes,” please explain in detail. Someone from the Stephen Leader Team will speak with you about this so 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, in Small Group Peer Supervision, and to function within the boundaries of Stephen Ministry as adopted by my congregation. I give permission for the congregation, 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 problems

Signature \_\_\_\_\_

Date

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