



- (1) the initial 50 hours of training
- (2) regular visits to your care receiver (weekly or a mutually agreed-upon frequency)
- (3) twice-monthly Small Group Peer Supervision

Circle Yes or No

7. Briefly describe your relationship with Jesus Christ.

8. Please provide one reference who is a member of Smoky Hill Vineyard and one reference who is not a member of Smoky Hill Vineyard.

**Reference One**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

**Reference Two:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

How long have you known each other? \_\_\_\_\_

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

Circle Yes or No

If yes, someone from the Stephen Leader Team will confer with you about this so that the team may better understand its significance in your life and ministry.

(Please note: A great many care-givers have been made stronger in their care giving 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 charged with a crime? Circle Yes or No

If yes, explain in detail, using additional paper if needed. Someone from the Stephen Leader Team will confer with you about this so that the team may better understand its significance in your life and ministry.

Thank you for taking the time to complete this application.

**Please read, sign below and return the application and background check form to the church office.**

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 Smoky Hill Vineyard.

I give permission for Stephen Leaders and/or Smoky Hill Vineyard, if deemed necessary, to call my references, secure a police background check, 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**\_\_\_\_\_