

Stephen Minister Training Application

Name _____

Address _____

City/State/Zip _____

Email _____ Birthday _____

Phone (home) _____ (cell) _____ (work) _____

1. Describe why you are interested in Stephen Ministry Training.
2. How would people who know you describe the way you relate to others?
3. In what ways do you think you would benefit personally from the Stephen Ministry Training Class?
4. Briefly describe your faith and relationship with Jesus Christ.
5. Are you able to attend at least 12 of the 14 training classes and make up any that are missed by reading and reviewing with a Stephen Ministry Trainer? YES NO
6. Are you comfortable meeting face-to-face while following Hope Lutheran COVID Precaution Guidelines (6ft Distancing & masked) or would you be more comfortable distance learning with Zoom?

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 provided by the Hope Lutheran Church HopeCare Team according to Stephen Ministry International recommendations.

Signature _____ Date _____

Thank you for completing this application.