



Saint Maximilian Kolbe Catholic Church



Stephen Ministry Application

“Whoever loves his brother lives in the light, and there is nothing in him to make him stumble.” I John 2:10

Name_____ Date_____

Address_____ Birthdate_____

City/State/Zip_____

Email_____ Home phone_____

Cell or work phones_____

Please answer the following questions. Feel free to use another piece of paper to support your answers, if necessary. All information will be confidential.

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



Saint Maximilian Kolbe Catholic Church

5720 Hamilton Mason Rd • Liberty Township, Ohio 45011 • www.saint-max.org

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 mutually agreed upon frequency)
 - twice-monthly group peer supervision
- Yes No

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

As a Catholic candidate for this ministry, I agree with the following statement: St. Maximilian Kolbe Stephen Ministers and Stephen Ministry Leaders, by nature of their designation, are to be people who practice their faith and are in full communion with the Catholic Church. Yes No

7. Describe briefly your relationship with Jesus Christ.

8. What life experiences have you had that you believe may help prepare you for Stephen Ministry?

STEPHEN MINISTRY



Saint Maximilian Kolbe Catholic Church

5720 Hamilton Mason Rd • Liberty Township, Ohio 45011 • www.saint-max.org

9. Please provide three references—where at least one of whom is not a member of St. Max or a relative.

A. Name _____
Address _____
Relationship _____
Phone number & email _____

B. Name _____
Address _____
Relationship _____
Phone number & email _____

C. Name _____
Address _____
Relationship _____
Phone number & email _____

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 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, please explain in detail, using additional paper. Someone from the Stephen Leaders Team will speak with you about this so that the team may better understand the significance in your life and ministry.



Saint Maximilian Kolbe Catholic Church

5720 Hamilton Mason Rd • Liberty Township, Ohio 45011 • www.saint-max.org

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, continuing education, small group peer supervision, and within the boundaries of Stephen Ministry as adopted by St. Maximilian Kolbe Parish. I give permission for the Stephen Leader Team, 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 and psychiatric problems.

Signature _____

Date _____

Thank you for completing this application. May God bless you always!

“And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him.” Colossians 3:17

STEPHEN MINISTRY