



Supportive Care Ministries Application

Name

First Name Last Name

Email

example@example.com

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Day Time Phone

Please enter a valid phone number.

Evening Phone

Please enter a valid phone number.

1. Describe the reasons you are interested in Supportive Care Ministries?

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

3. In what ways do you think would benefit personally from training and service as a Supportive Care Minister?

4. Based on your current understanding of what it means to be a part of the Supportive Care Ministries, what do you think will be your biggest challenge?

5. How would people that know you describe the way you relate to others?

Becoming a Supportive Care Minister involves serving faithfully for a period of no less than two years, which includes:

- Stephen Minister initial training (twenty 2.5 hour sessions, for a total of 50 hours);
- Weekly, in-person visits with your care reciever for about an hour, as agreed upon with the care reciever; and
- Monthly Small Group Peer Supervision and continuing education.

6. How willing and able are you to commit to these expectations? What changes might you need to make in your life to fulfill this commitment?

7. Briefly describe your relationship with Jesus Christ.

8. Have you ever received treatment for any mental health issues?

Yes

No

If yes, someone from the Supportive Care Leader Team will contact you about this so, the team may better understand its significance in your life and ministry.

Note: Many people become involved in caring ministry because of the care they have received, including care from mental health professionals. The Supportive Care Leader Team needs this information in order to provide the best support possible for our Supportive Care Ministries.

9. Have you ever been charged with a crime?

- Yes
- No

If yes, someone from the Supportive Care Leader Team will contact you about this so, the team may better understand its significance in your life and ministry.

Please provide three references.

Reference 1

Name

First Name Last Name

Email

example@example.com

Relationship

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Reference 2

Name

First Name Last Name

Email

example@example.com

Relationship

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Reference 3

Name

First Name Last Name

Email

example@example.com

Relationship

Phone Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

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 Supportive Care Ministry Training, Small Group Peer Supervision, and Supportive Care Minister continuing education; to be accountable to my Wellhouse Ministries Supportive Care Leader Team, and to function within the boundaries of Supportive Care Ministries. I give permission for Wellhouse Ministries, if it deems necessary, to call my references, secure a background check on me, and consult with the treating mental health professionals regarding the nature of any mental health care I have received.

Signature
