

Application for Stepping Stones Mentor Training

Please return to Stevi Larson, Special Projects Coordinator
Sharing Hope Ministry
PO Box 7160 Amarillo, TX 79114
806.358.7803 • stevi@sharinghopeministry.org

STEPPING STONES APPLICATION, PAGE 2

Name: _____ Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email: _____

Employer: _____ Work Phone: _____

OK to Receive Phone Calls at work? YES NO

If Retired, Previous Employer or Occupation: _____

Education: _____

Marital Status: Single Married Divorced Widowed

Spouse's Name: _____

Please provide three references (at least 2 non-family):

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

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1. Describe why you are interested in becoming a Stepping Stones Mentor.

2. What spiritual gifts or strengths do you believe God has given you that would help you serve as a Stepping Stones Mentor?

3. What special training or life experiences do you possess that you believe would add to your ministry as a Stepping Stones Mentor?

4. From your current understanding of what it means to be a Stepping Stones Mentor, what do you think would be the difficult or challenging aspect(s) of this role for you?

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

6. Please give us your brief testimony.

7. Describe your current relationship with Jesus Christ.

8. Please describe any area of ministry in which you have served.

9. Are you an active member of a church?

Name of church _____ How long? _____

10. Do you have any physical or mental conditions which require accommodation? Describe.

11. Have you ever been charged with a crime? Yes* No

*If yes, explain in detail.

12. Are you willing to commit to serve faithfully in the Stepping Stones program for a period of no less than 1 1/2 years including:

- An initial period of 13 training hours.
- Adhering to the rules and regulations set by Sharing Hope Ministry.
- Regular visits with your mentee (weekly or an agreed-upon time period).
- Monthly Small Group Supervision on Thursday evenings, to continue throughout a one and a half -year period of your service as a Stepping Stones Partner.

Yes No

If Yes, 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 Stepping Stones training, in Small Group Peer Supervision, and to function within the boundaries of Sharing Hope Ministry. I give permission for Sharing Hope Ministry, if it deems necessary, to call my references, secure a police background check on me, and consult with the treating physician(s) and/or other mental health professionals regarding the nature of any treatment I have received for emotional or psychiatric problems.

SIGNATURE

DATE

Thank you for completing this application. You will be contacted by Sharing Hope Ministry soon. If you have any questions, please call 358-7803 or email stevi@sharinghopeministry.org.