

Please
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your
PHOTO
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Application Form - Street Pastor Course

PLEASE CLEARLY PRINT ALL DETAILS IN BLACK INK AND BLOCK CAPITALS

Please state the area to which you
would like to be a Street Pastor: _____

PERSONAL DETAILS

Surname: _____

First Names: _____

Address: _____

Post Code: _____

Email: _____

Telephone Numbers

Home: _____ Work: _____ Mobile: _____

Date of Birth: ____ / ____ /19 ____ Marital Status: Single / Married / Divorced

Nationality _____ Profession: _____

Do you have a driving licence? Y/N Do you have use of a vehicle? Y/N

Coat Size: S / M / L / XL / XXL / XXXL Shirt Size: S / M / L / XL / XXL / XXXL

CHURCH / ORGANISATION DETAILS

Church/Organisation: _____

Minister's Name: _____

Main Church Contact: _____

Address: _____

Post Code: _____

Telephone No. _____

Email Address: _____

CHRISTIAN HISTORY

How long have you been a Christian? _____

Give a brief account of your Conversion:

Give a brief account of your spiritual growth and development since Conversion

Describe your relationship with your Pastor / Leader and your Church

Are you involved in any form of Ministry in your church or in some other Christian organisation e.g. Children/Youth work, Teaching, Leading Worship, Administration, Community Work, Hospitality, etc. If Yes, please state clearly what this involves:

Please state your reasons for wanting to be a Street Pastor

What are your expectations from the Street Pastor's Course?

Are you able to fully finance this Course? Y/N

If no, how do you plan to raise the finance?

YOUR SKILLS

What are your hobbies/Interests?

Are you skilled in any performing Arts?(singing, dancing, acting music, other):

Do you have an up-to-date First Aid Certificate? Y/N

Do you possess any skills not mentioned above, which you feel would be useful as a Street Pastor?:

YOUR HEALTH

Do you suffer from any medical condition we need to be aware of? Y/N

Are you currently on any medication? If so, please give details: Y/N

Are you subject to any dietary restrictions? Y/N

EMERGENCY CONTACT INFORMATION

Please give the name, address and telephone number of two persons who we may contact in case of emergency.

Emergency details 1

Name: _____

Relationship _____

Address _____

Home No _____

Mobile No _____

Emergency details 2

Name: _____

Relationship _____

Address: _____

Home No. _____

Mobile No _____

REFERENCES

Two references are required, one from your Pastor and the other from a person of your choice. Please state their name and address:

Reference 1

Name: _____

Address _____

Home No _____

Mobile No _____

Email _____

Reference 2

Name: _____

Address: _____

Home No. _____

Mobile No. _____

Email _____

Postal Address

Office Address

Tel:
Email: