

# Application Form – Street Pastor Training for Street Pastors Swindon only.

**Please  
stick  
your  
PHOTO  
HERE**

PLEASE CLEARLY PRINT ALL DETAILS IN BLACK IN USING BLOCK CAPITALS

## Personal Details:

Surname: .....

Christian names: .....

Address: .....

.....

.....Postcode: .....

Email address: .....

Telephone numbers:

Home .....Work ..... Mobile .....

Date of Birth:...../...../..... Marital Status: single / married / divorced (please circle)

Nationality: ..... Profession/occupation: .....

Do you have a driving licence? YES / NO Do you have use of a vehicle? YES / NO

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

## Church Details:

Home Church: .....

Minister's name: .....

Main Church contact (if not Minister): .....

Address: .....

.....

.....Postcode: .....

Email address: .....Tel No: .....

## Christian History

How long have you been a Christian? .....

Give a brief account of your journey to faith: .....

.....

.....

.....

.....

Give a brief account of your continuing spiritual development as a Christian: .....

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.....

.....

.....

Describe your relationship with your Minister / Pastor / Priest / Church leader and your church:

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.....

What form(s) of ministry are you already involved in? .....

.....

.....

Please state your reasons for wanting to be a Street Pastor: .....

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.....

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.....

What are your expectations of the Street Pastors Training Course? .....

.....

.....

Are you able to fully finance the course? YES / NO (circle as appropriate)

If No, how do you plan to raise the finance? .....

.....

.....

**Your skills**

What are your hobbies / interests? .....

.....

What skill do you have in performing arts? (singing, dancing, dramatic or musical arts etc.) .....

.....

.....

Do you hold an up-to-date First Aid Certificate? YES / NO (circle as appropriate)

What other skills do you possess, which might be useful to Street Pastors? .....

.....

.....

**Your health** (in this section, please write 'NONE' where appropriate – do not leave blank)

What medical condition(s) do you suffer from that we need to be aware of? .....

.....

Please give details of any current long-term medication you take: .....

.....

What dietary restrictions do you have? .....

.....

**EMERGENCY contact information:**

**Emergency contact 1**

Name.....  
 Relationship.....  
 Address.....  
 .....  
 .....  
 .....  
 Home phone .....  
 Mobile .....

**Emergency contact 2**

Name.....  
 Relationship.....  
 Address.....  
 .....  
 .....  
 .....  
 Home phone .....  
 Mobile .....

**REFERENCES**

TWO references are required, one from your Priest / Pastor / Minister and the other from a person of your own choice.

**Reference 1 – Minister / Pastor / Priest ...**

Name.....  
 Address.....  
 .....  
 .....  
 .....  
 Home phone .....  
 Mobile .....  
 Email .....

**Reference 2**

Name.....  
 Address.....  
 .....  
 .....  
 .....  
 Home phone .....  
 Mobile .....  
 Email .....

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**Please return form to:** Rev'd P Rush, Street Pastors Swindon 5 Gold View, SWINDON, SN5 8ZG  
[swindon@streetpastors.org.uk](mailto:swindon@streetpastors.org.uk) 01793 872853  
[www.streetpastorsswindon.org.uk](http://www.streetpastorsswindon.org.uk)