



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

Please affix
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:

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.....

.....

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?

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.....

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

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What are your hope and expectations of the Street Pastors Training Course?

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.....

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?

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

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

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Health and fitness

Are there any reasonable adjustments that we as an organisation may need to make in order for you to function effectively as a Street Pastor?

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.....



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

Please return form to: Street Pastors Swindon, 44 Moresby Close, SWINDON SN5 7BX
swindon@streetpastors.org.uk 07582 139744 www.streetpastorsswindon.org.uk