

# Cheltenham Street Pastors Application Form



## 1. Introduction

<p><b>Cheltenham Street Pastors</b> requires all volunteers to:</p> <ul style="list-style-type: none"> <li>A. Be a professing Christian;</li> <li>B. Be over 18 years of age;</li> <li>C. Be committed to a local church in fellowship with the wider Christian community in the area;</li> <li>D. Have a positive reference from the leader of that church confirming that they would be suitable to be a Street Pastor and that they are currently leading a Christian lifestyle.</li> </ul>	<p>Please affix your Passport Size <b>PHOTO</b> <b>HERE</b></p>
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<b>Surname:</b>	
<b>First Names:</b>	
<b>Title:</b> (Mr, Mrs. Etc)	

Please Return Completed Application Form:	
<b>Name:</b>	Alan Charlesworth
<b>Telephone:</b>	07443468797
<b>Email Address:</b>	cheltenham@streetpastors.org.uk

### FOR OFFICE USE ONLY

Date Application received:	
Date Reference 1 received:	
Date Reference 2 received:	
Date Self Declaration received:	
Date of Interview:	
Date DBS Application received:	
Date DBS Certificate recorded:	

Cheltenham Street Pastor is a charity, registered in England and Wales, no. 1139188

## Please Clearly Print All Details In Black Ink

### 2. Important Information

- Read all the information before you complete this application.
- Type or write neatly in **BLACK INK**, as this form may be photocopied.
- We want to ensure that the recruitment process is equally accessible to applicants with disabilities. So if you would like us to make any arrangements in this respect, please let us know.
- Please continue your answers on a separate sheet if you need to.
- Please note that the Application Form must be signed by the Applicant and their Church Leader at the end of the Form.

### 3. Personal Details

<b>Address:</b>			
		<b>Post Code:</b>	
<b>Email Address:</b>			
<b>Home Telephone:</b>			
<b>Work Telephone:</b>			
<b>Mobile Telephone:</b>			
<b>Date of Birth:</b>			
<b>Nationality:</b>			
<b>Marital Status:</b>	<b>Single/Married/Divorced</b>		
<b>Profession:</b>			
<b>Driving Licence:</b>	<b>Yes/No</b>		
<b>Use of a Vehicle:</b>	<b>Yes/No</b>		
<b>Uniform Sizes:</b>	<b>Coat: XS / S / M / L / XL / XXL</b>		<b>Shirt: S / M / L / XL / XXL</b>

<b>Uniform Size Guide</b>	XS	S	M	L	XL	XXL
Coat	Under 38	38-40	41-43	44-46	47-49	50-52
Polo Shirt	n/a	35-37	38-40	41-43	44-46	47-49



## 5. Christian History (Cont'd)

Describe your relationship with the Pastor / Leader and your Church:

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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:

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

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

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Are you able to fully finance this Course?

Y/N

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

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## 6. Your Skills

<b>What are your hobbies/Interests?</b>

<b>Do you have an up-to-date First Aid Certificate?</b> <b>If so, please give details:</b>	<b>Y/N</b>
<b>Organisation/Course:</b>	<b>Date:</b>

<b>Do you possess any other skills, which may be useful as a Street Pastor?</b>

## 7. Your Health

<b>Do you suffer from any medical condition we need to be aware of?</b> <b>If so, please give details:</b>	<b>Y/N</b>

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

<b>Are you subject to any dietary restrictions?</b> <b>If so, please give details:</b>	<b>Y/N</b>

## 8. Emergency Contact

Please give the details of two persons who we may contact in case of emergency.			
Emergency details 1		Emergency details 2	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Home No:		Home No:	
Mobile No:		Mobile No:	

## 9. References

Two references are required: One from your Church Leader and another from a person of your choice who can comment on your spiritual growth and suitability to be a Street Pastor.			
Reference 1 (Church Leader)		Reference 2	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Home No:		Home No:	
Mobile No:		Mobile No:	
Email:		Email:	

## 10. Signatures

<b>Declaration by Applicant:</b> I confirm that to the best of my knowledge the information given in this form is true and correct.			
Applicant's Name:			
Applicant's Signature:		Date:	
Church Leader's Name			
Church Leader's Signature:		Date:	