# **BELFAST Street Pastor Application Form**





#### 1. Introduction

Belfast Street Pastors requires all volunteers to:

A. Be a professing Christian;
B. Be over 18 years of age;
C. Be committed to a local church in fellowship with the wider Christian community in the area;
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.

Please

affix

your

PHOTO

HERE

First Names:	
Surname:	

Please Return Completed Application Form to Belfast Street Pastors				
Postal Address c/o BCCM, Sinclair House, 95-101 Royal Avenue, Belfast, BT1 1FE				
Telephone	075 1623 0181			
Email Address belfast@streetpastors.org.uk				

## Please Clearly Print All Details In Black Ink And Block Capitals

#### 2. Important Information

- Read all the information before you complete this application.
- Type or write neatly in **BLACK INK**, as this form will 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.

#### 3. Personal Details

Address:									
							Post Code:		
Email:									
Telephone Nu	mber	rs							
Home:				Work:			Mobile:		
Date of Birth:		/	/19	Marital St	tatus:	Single/Married/Divorced			
Nationality				Professio	n:				
Do you have a driving license?  Y/N			Do you have use of a vehicle?		Y/N				
Day(s) available (circle) :			Fri Sat		t				

# **FOR OFFICE USE ONLY**

Winter Jacket Size:	XS	S	М	L	XL	XXL	XXXL	
Summer Rain Jacket Size	XS	S	М	L	XL	XXL		
Polo Shirt size:	XS	S	М	L	XL	XXL	XXL	
Date application form receive								
Date reference 1 received:								
Date reference 2 received:								
Date Access NI application Applicant: received:					Access Office	NI		
CRB Clearance Approved:					•			

### 4. Church Details

**Church/Organisation:** 

Minister/Priest/Leader's Name:				
Main Church Contact:				
Address:				
			Post Code:	
Telephone No.				I.
Email Address:				
5. Christian History				
How long have you been a	a Christian?			
Give a brief account of hor	w you started on your spirit	ual journey:		
Give a brief account of you	ur spiritual journey so far:			

Describe your relationship with your Pastor / Priest / Leader an	d your Church
Are you involved in any form of Ministry in your church or in sor work, Teaching, Leading Worship, Administration, Community what this involves:	
Please state your reasons for wanting to be a Street Pastor	
,	
What are your expectations from the Street Pastor's Course?	
What are your expectations from the street rustor's course.	
Are you able to fully finance this Course? (Valunteers usually	
Are you able to fully finance this Course? (Volunteers usually contribute £50 towards the uniform and training)	Y/N
If no, how do you plan to raise the finance?	

5. 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?		//N
		I/IV
Do you possess any other skills, which may be useful as a Street Pa	stor?	
7. 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	

## 8. Emergency Contact

Emergency de	etails 1	Emergency de	tails 2
Name:		Name:	
Relationship		Relationship	
Address		Address:	
Home No		Home No.	
Mobile No		Mobile No	
		oice.	
Reference 1		Reference 2	
Name:		Name:	
Relationship		Relationship	
Address		Address:	
Home No		Home No.	
Mobile No		Mobile No	
Email		Email	
	TION: hat to the best of my knowl n form is true and correct.	edge the inf	formation given in this
Signature:		Date:	

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