

Private and Confidential



Street Pastors Reference Form

(Must be completed by the Church Minister or Authorised Delegate)



Applicant's Name: ----- Street Pastor Area: Belfast-----

Address: -----

Referee's Name: -----

Address: -----

Telephone No. ----- Mobile No. -----

Email Address -----

What is your relationship to the applicant? -----

How long have you known the applicant? -----

How long has the applicant been attending your Church? -----

Please comment briefly on His/Her spiritual growth and development

Do you recommend the applicant for the Street Pastor Ministry, if Yes, Why, if No, Why

How do you expect the applicant to benefit from the Street Pastor Ministry, and consequently your Church and the Local Community?

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Please comment on the applicant's spiritual development (strengths, weakness, ability to work as part of a team as well as own initiative) and any other information which you feel would be helpful.

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Would you be happy if any or all of the above information was shared with the applicant?

Yes No

Referee's Signature: _____ Date: _____

Please return this form directly to:

Name: Belfast Street Pastors
Address: c/o BCCM, Sinclair House
95-101 Royal Avenue
BELFAST, Northern Ireland, BT1 1FE
Tel: 075 1623 0181
Email: belfast@streetpastors.org.uk