



Street Pastors Application Form

Please
Stick
Your
PHOTO
HERE

PLEASE CLEARLY PRINT ALL DETAILS IN BLACK INK AND BLOCK CAPITALS

Course Date: _____

Please state the area to which you would like to be a Street Pastor: Elgin

PERSONAL DETAILS

Surname: _____

First Names: _____

Date of Birth: _____

Address: _____

Post Code: _____

Email: _____

Telephone Numbers

Home: _____ **Work:** _____ **Mobile:** _____

Nationality: _____ **Profession:** _____

Do you have a driving licence? Yes
No

Do you have use of a vehicle? Yes
No

CHURCH / ORGANISATION DETAILS

Church/Organisation _____

Minister's Name: _____

Main Church Contact: _____

Address: _____

Post Code: _____

Telephone Number: _____

Email: _____

CHRISTIAN HISTORY

At what point in your life did Christian Faith become personally meaningful?

Describe any significant turning points on your spiritual journey.

How does your Christian faith affect your life?

Describe your relationship with your Pastor / Minister / Vicar / Priest of the Church you attend.

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:

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

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

I am willing to make a contribution to training and equipment costs.

YES

NO

Are you a member of the PVG scheme?

YES

NO

YOUR SKILLS

What are your hobbies or interests?

Do you have leadership skills?

Yes

No

If yes, please give an example.

Do you have an up-to-date First Aid Certificate?

Yes

No

Do you possess any skills not mentioned above, which you feel would be useful as a Street Pastor?

OTHER MATTERS

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?

Yes

No

If yes, please explain below

EMERGENCY CONTACT INFORMATION

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

Emergency Details 1

Name: _____

Relationship: _____

Address: _____

Home No. _____

Mobile No. _____

Emergency Details 2

Name: _____

Relationship: _____

Address: _____

Home No. _____

Mobile No. _____

REFERENCES

Two references are required, one from your Pastor and the other from a person your choice. Please state their name and address:

Reference 1

Name: _____

Relationship: _____

Address: _____

Home No. _____

Mobile No. _____

Email: _____

Reference 2

Name: _____

Relationship: _____

Address: _____

Home No. _____

Mobile No. _____

Email: _____

Signature: _____ Date: _____

Please return this form directly to your local Area Coordinator.

Mail to: Sarah Johnson - Elgin Street Pastors
Harvest Centre
10 Greyfriars Street
Elgin
IV30 1LF

Telephone Number: mobile: 07818 841074

Email: elgin@streetpastors.org.uk