**Hounslow Street Pastor**

**Application Form**

# Introduction

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| **Hounslow Street Pastors** requires all volunteers to:   * 1. Be a professing Christian;   2. Be over 18 years of age;   3. Be committed to a local church in fellowship with the wider Christian community in the area;   4. 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** |

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| **First Names:** |  |
| **Surname:** |  |

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| **Please Return Completed Application Form to Hounslow Street Pastors** | |
| **Postal Address** | Hounslow Street Pastors  c/o Holy Trinity Church,  High Street, Hounslow TW3 1HG |
| **Office Address** |  |
| **Telephone** |  |
| **Email Address** | Hounslow@streetpastors.org.uk |

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

# 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.

# Personal Details

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| **Address:** | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | **Post Code:** | | | |  | |
| **Email:** | | |  | | | | | | | | | | | | | | |
| **Telephone Numbers** | | | | | | | | | | | | | | | | | |
| **Home:** |  | | | | **Work:** | | |  | | | | **Mobile:** | | |  | | |
| **Date of Birth:** | | | | **/ /19** | | | | | **Marital Status:** | | | | | **Single/Married/Divorced** | | | |
| **Nationality** | |  | | | | | | | | **Profession:** | | |  | | | | |
| **Do you have a driving license?** | | | | | | **Y/N** | | | | | **Do you have use of a vehicle?** | | | | | | **Y/N** |
| **Day(s) available (circle) :** | | | | | | | **Mon** | | | | **Tue** | | **Wed** | | | **Thu** | **Fri** |

**For office use only**

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| **Jacket Size:** | | | | | **S** | **M** | **L** | **XL** | **XXL** |
| **Shirt size:** | | | | | **S** | **M** | **L** | **XL** | **XXL** |
| **Date application form received:** | | |  | | | | | | |
| **Date reference 1 received:** | | |  | | | | | | |
| **Date reference 2 received:** | | |  | | | | | | |
| **Date CRB application received:** | **Applicant:** |  | | **CRB Office** | | | |  | |
| **CRB Clearance Approved:** | **Y/N** |  | |  | | | |  | |

# Church Details

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| --- | --- | --- | --- | --- |
| **Church/Organisation:** | |  | | |
| **Minister’s Name:** | |  | | |
| **Main Church Contact:** | |  | | |
| **Address:** |  | | | |
|  | | | |
|  | | **Post Code:** |  |
| **Telephone No.** | |  | | |
| **Email Address:** | |  | | |

# Christian History

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| **How long have you been a Christian?** |  |

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| **Give a brief account of how you started on your spiritual journey:** |
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| **Give a brief account of your spiritual journey so far:** |
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| **Describe your relationship with your 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 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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# Your Skills

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| **What are your hobbies/Interests?** |
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| **Are you skilled in any performing Arts? (singing, dancing, acting music, other):** |
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| **Do you have an up-to-date First Aid Certificate?** | **Y/N** |

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| **Do you possess any other skills, which may be useful as a Street Pastor?** |
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# Your Health

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| --- | --- | --- |
| **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** | |
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# Emergency Contact

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| **Please give the name, address and telephone number of two persons who we may contact in case of emergency.** | | | |
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| **Emergency details 1** | | **Emergency details 2** | |
| **Name:** |  | **Name:** |  |
| **Relationship** |  | **Relationship** |  |
| **Address** |  | **Address:** |  |
| **Home No** |  | **Home No.** |  |
| **Mobile No** |  | **Mobile No** |  |

# References

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| --- | --- | --- | --- |
| **Two references are required:**  **One from a Pastor and another from a person of your choice.**  **Please state their name and address:** | | | |
|  | | | |
| **Reference 1** | | **Reference 2** | |
| **Name:** |  | **Name:** |  |
| **Relationship** |  | **Relationship** |  |
| **Address** |  | **Address:** |  |
| **Home No** |  | **Home No.** |  |
| **Mobile No** |  | **Mobile No** |  |
| **Email** |  | **Email** |  |

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| **Declaration:**  I confirm that to the best of my knowledge the information given in this application form is true and correct.  Signature: Date: |