

# Leamington Spa Street Pastors Application Form



Please either **download & complete electronically** or **print out & handwrite clearly**  
( If handwriting use **BLOCK CAPITALS** for names & addresses )

**email to:** leamingtonspa@streetpastors.org.uk

**or post to:** Leamington Spa Street Pastors, c/o The Baptist Church, Chandos Street,  
Leamington Spa, CV32 4RN

Please read our website fully (or ring 07789 953941) to ensure you understand the nature of what we do, our approach and the importance of training.

**Leamington Spa Street Pastors** requires all volunteers to:

- a) Be at least 18 years of age and to clear a DBS (was 'CRB') records check.
- b) Be a professing Christian committed to a local church in fellowship with the wider Christian community in the area;
- c) Be able to gain a positive reference from the leader of that church confirming that:
  - # They have been attending for over a year.
  - # They would be suitable to be a Street Pastor.
  - # They are currently leading a Christian lifestyle.

Before applying, please discuss this with your church leader.

Please  
affix  
your  
**PHOTO**  
**HERE**

<b>First Names:</b>	
<b>Surname:</b>	
<b>Title: (eg. Mr/Mrs/ . . .)</b>	
<b>Like to be known as / Nickname:</b>	

<b>Address:</b>			
		<b>Post Code:</b>	
<b>Email:</b>			
<b>Home Telephone:</b>		<b>Mobile Number:</b>	
<b>Date of Birth:</b>		<b>Marital Status:</b>	
<b>Nationality:</b>		<b>Employed/Retired/Other:</b>	
<b>Church Attending:</b>			
<b>Current/previous Occupation:</b>			
<b>Do you have a driving license?</b>	<b>Yes / No</b>	<b>Do you have use of a vehicle?</b>	<b>Yes / No</b>
<b>Possible night(s) available :</b>	<b>Tue:</b>	<b>Yes / No</b>	<b>Sat:</b> <b>Yes / No</b>
<b>My church leader &amp; I have discussed my suitability to apply to be a Street Pastor</b>			<b>Yes / No</b>

## 1. Christian History

When did Christian Faith become personally meaningful for you and give a brief account your spiritual journey:

Give a brief account of why you are a Christian:

How does your Christian faith affect your life ?

Describe your relationship with the Minister /Priest /Vicar /Pastor /Leader of your Church:

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 of the Street Pastor's Training Course?

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## 2. Your Skills

What are your work related or life skills ?

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What are your hobbies/Interests?

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Do you have leadership skills ? If yes, please give examples

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

Yes / No

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

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## 3. Your Health

Do you suffer from any medical condition we need to be aware of?

Yes / No

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Are there any reasonable adjustments that we as an organisation may need to make in order for you to function effectively and safely as part of a Street Pastor team ?

Yes / No

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Are you subject to any dietary restrictions?

Yes / No

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#### 4. Emergency Contacts

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

Emergency details 1		Emergency details 2	
Name:		Name:	
Relationship		Relationship	
Address (if different from your home address)		Address:	
Home No		Home No.	
Mobile No		Mobile No	

#### 5. References. Please provide two as described

Referee 1: Current Church Leader		Referee 2: Person of your choice	
Name of your Church:		Relationship to referee:	
Leader Name & Title:		Name:	
Address for reference		Address:	
Telephone:		Home No.	
		Mobile No.	
Email		Email	

We ask volunteers that, if possible, they donate, or raise through their church, a contribution towards the £150 that it costs to train and equip each volunteer. Please consider what might be possible when training starts. All donations are confidential to the Management Team who value your time more than money.

#### DECLARATION:

I confirm that to the best of my knowledge the information given in this application form is true and correct.

Signature:

Date:

(If sending electronically, type you name and email from an address in your name)