**Plymouth Street Pastor** 

**Application Form**

# Introduction

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| **Plymouth 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.
 | Pleaseaffixyour**PHOTO****HERE** |

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

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| **Please Return Completed Application Form to Plymouth Street Pastors** |
| **Postal Address** | 75 West Down Rd, Beacon Park, Plymouth PL2 3HG |
| **Office Address**  |  |
| **Telephone**  | 07790 013791 / 01752 556740 |
| **Email Address**  | plymouth@streetpastors.org.uk  |

Plymouth Street Pastors is a charity, registered in England and Wales, no. 112631

and Company limited by guarantee, registered in England and Wales, no. 06599043

registered address 246 Peverell Park Rd. Plymouth PL3 4QG

**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** |

**For office use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 DBS application received:** | **Applicant:** |  | **DBS Office** |  |
| **DBS 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?** **nb instead f the recommended £300, we have reduced the cost to one of 3 options, each of which includes the full Training Course and can be paid by instalments:-** **1. £225 including a new uniform 2. £175 including a returned uniform 3. £50 for those needing financial assistance – *please talk with us in confidence about your best option*** | **Y/N** |
| **If not, how do you plan to raise the finance? NB in the past, friends and churches have helped here** |

# Your Skills

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| **What are your hobbies/Interests?** |
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| **Do you have an up-to-date First Aid Certificate?**  | **Y/N** |
| **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** |
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| **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.** |
| **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: |