# Street Pastor Application Form

Thank you for taking the time to complete this form. You can complete this form on your computer, or print it out and fill it in by hand (please write clearly).

## Personal details

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| Surname: |       |
| First name: |       |
| Address: |       |
|  |       |
|  |       | Postcode: |       |
| Email: |       |
| Home phone: |       |
| Mobile phone: |       |
|  | Which is your preferred number? Home [ ]  Mobile [ ]  |
| Are you over 18? | Yes [ ]  No [ ]  |

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| Do you have any medical conditions we need to be aware of? Yes [ ]  No [ ]  |
| *If yes, please give details:* |       |
|  | *(Continue on a separate sheet if necessary.)* |

## Focus and availability

Street pastors undertake core training and then choose an area of focus, Night-time or Youth & Communities. You may choose both.

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| Which area(s) would you like to take as your focus? | [ ]  | Night-time |
|  | [ ]  | CommunitiesSchools |

**Night-time** *street pastors commit to one duty (10pm–4am) each month. The main patrols are on Friday and Saturday nights.*

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| Are you able to commit to one duty each month? | Yes [ ]  No [ ]  |
| Which nights can you go out? | [ ]  | Friday |
| *Please tick all that apply.* | [ ]  | Saturday |
| [Optional] If you would consider doing extra duties at short notice, please tick the relevant days. | Fri [ ]  Sat [ ]   |

**Youth- Schools** *Street pastors commit to one duty each week. A typical duty may be 7.45am–8.45am or 2.30pm–4pm, depending on the school’s times.*

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| Are you able to commit to one duty each week? | Yes [ ]  No [ ]  |
| Which shifts could you join? | Monday: | am [ ]  pm [ ]   |
| *Please tick all that apply.* | Tuesday: | am [ ]  pm [ ]  |
|  | Wednesday: | am [ ]  pm [ ]  |
|  | Thursday: | am [ ]  pm [ ]  |
|  | Friday: | am [ ]  pm [ ]  |
| [Optional] If you would consider doing extra duties at short notice, please tick the relevant days. | Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  Fri [ ]  |
| Would you be willing to cover additional events, such as parents’ evenings, Year 6 transition week or sports days? | Yes [ ]  No [ ]  |

**Communities.** *Street pastors commit to one duty in a community area each month (6pm–10.30pm).*

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| Are you able to commit to one duty each month? | Yes [ ]  No [ ]  |
| Which shifts could you join? | [ ]  | Friday |
| *Please tick all that apply.* | [ ]  | Saturday |
| [Optional] If you would consider doing extra duties at short notice, please tick the relevant days. | Fri [ ]  Sat [ ]  |

What family commitments do you have that may be affected by you being out at training or out on a street pastor patrol?

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## References

All street pastors are committed members of local churches. Your first reference must come from your church. The second reference can be from anyone who knows you well. Try to get someone who knows you from work or another volunteering project.

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|  | **Church reference** | **Second reference** |
| Church/Organisation: |       |       |
| Name: |       |       |
| Relationship to you: |       |       |
| Email: |       |       |
| Phone: |       |       |
| Address (if no email): |       |       |

## About you

Tell us a bit about what you do during the week. Studying? Working? Family? Hobbies?

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Describe how you became a Christian and what it means to you today.

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Describe how you contribute to your church community.

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Describe how your church community supports you. This may include pastoral support and spiritual guidance.

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What experience do you have of volunteering in the church and wider community?

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Please state your reasons for wanting to be a street pastor.

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What personal qualities and skills do you think you will bring to the role of a street pastor?

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In what areas do you feel you would need to grow or receive training in as a street pastor?

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## Emergency contact

Please give us the details of the person(s) you wish us to contact in case of emergency. If we can’t make contact with your first choice we will attempt to contact the second.

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|  | **Call first** | **Alternative contact** |
| Surname: |       |       |
| First name: |       |       |
| Relationship to you: |       |       |
| Mobile phone:  |       |       |
| Home phone: |       |       |
| Address: |       |       |

## Thank you for completing this form!

Please return the form to Mandy Harding (Coordinator):

* **Email**: southampton@streetpastors.org.uk
* **Post or in person**: Southampton Street Pastors
 135 St. Mary Street
 Southampton
 SO14 1NX

**Important**: by completing and returning this application form you are giving your consent for us to store the information you provide on our computer systems. We will only use this information to contact you about Street Pastor business. You in future may revoke this permission and request that we remove your contact data from our systems – please contact the Coordinator.