**Southampton Street Pastor Application Form**

# Introduction

**Southampton Street Pastors** requires all volunteers to:

1. Be a professing Christian;
2. Be 18 years of age or over;
3. Have been committed to a local church in fellowship with the wider Christian community in the area for at least 12 months;

D. 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.

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

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| --- |
| **Please Return Completed Application Form to Southampton Street Pastors** |
| **Postal Address** | **Southampton Street Pastors,** **Room 35****St Mary’s Fire Station****St Mary’s Road****Southampton.** **SO14 0BJ.** |
| **Telephone** | **02380 333387** |
| **Email Address** | **southampton@streetpastors.org.uk** |

We need your consent before using any personal information about yourself that you may have supplied to us and we need your consent to contact you via the methods of email, telephone, mobile phone including text message, social media, what’s app and post. We also need you to confirm that you have gained the consent of people whose details appear on this form, that we can contact them and hold their details on our database, only where necessary. I also confirm that I have read and understood the Privacy Notice for Southampton Street Pastors which is accessible via our website:

Do we have your consent? YES / NO (delete as appropriate)

Type or Sign your name: ………………………………………………………….

Southampton Street Pastors is a charity, registered in England and Wales,

no. 1137759 and Company limited by guarantee,

registered in England and Wales, no. 7292166.

Registered address: Room 35, St Mary’s Fire Station. St Mary’s Road, Southampton. SO14 0BJ

**Please type in using upper and lower case or, if handwriting, 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

|  |  |
| --- | --- |
| **Address:** |  |
|  |
|  | **Post Code:** |  |
| **Email:** |  |
| **Telephone Numbers** |
| **Home:** |  | **Work:** |  | **Mobile:** |  |
| **Patrol Types that are of interest:** | **Night time patrols, 10pm to 4am.** **Put Fri / Sat / Either:** |  | **Evening Community Patrol 6pm to 10pm Sat Evening Only****Fri (Put Y or N):** |  |
| **Write any Notes you wish here:** | **Afternoon Community Patrol, Wed or Fri afternoons 2.30-4.00pm Term time only.** **Put Wed / Fri / Either:** |  | **College Patrol, afternoon.****PM time & day to be decided. Term time only.****(Put Y or 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** |  |  |  |
| **DBS Certificate Number:** |  |

# Church Details

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

1. **Christian History**

**Give a brief account of how you started on your spiritual journey:**

|  |  |
| --- | --- |
| **How long have you been a Christian?** |  |
| **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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1. **Your Skills**

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| --- |
| **What are your hobbies/Interests?** |
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| --- |
| **Do you possess any other skills, which may be useful as a Street Pastor?** |
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1. **Your Health**

|  |  |  |
| --- | --- | --- |
| **Do you suffer from any medical condition we need to be aware of?** |  **Y/N** |  |
|  |  |  |

1. **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:** |  |

1. **References**

|  |  |
| --- | --- |
| **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** |  |

**DECLARATION:**

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

Signature:

Date: