

# Okehampton Street Pastor Application Form



## 1. Introduction

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

Be a professing Christian.

Be over 18 years of age.

Have been committed to a local church in fellowship with the wider Christian community in the area for at least 12 months

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 leading a Christian lifestyle

Please send in  
a portrait  
photograph  
that can be  
affixed here

<b>First Names:</b>	
<b>Surname:</b>	

Please Return Completed Application Form to Mrs Julie Yelland (Chairman)	
<b>Postal Address</b>	21 Brandize Park, Okehampton, Devon EX20 1EQ
<b>Telephone</b>	01837 53944
<b>Email Address</b>	<a href="mailto:Okehampton@streetpastors.org.uk?subject=Application Form">mailto:Okehampton@streetpastors.org.uk?subject=Application Form</a>

## 2. Important Information

- Read all the information before you complete this application, including the privacy notice on the last page.
- Type or write neatly in **BLACK INK and BLOCK CAPITALS**, 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.

## 3. Personal Details

<b>Address:</b>						<b>Post Code:</b>				
<b>Email:</b>										
<b>Telephone Numbers</b>										
<b>Home:</b>				<b>Work:</b>				<b>Mobile:</b>		
<b>Date of Birth:</b> DD/MM/YYYY					<b>Marital Status:</b>					
<b>Nationality:</b>					<b>Profession:</b>					
<b>Do you have a driving license?</b>						<b>Do you have use of a vehicle?</b>				
<b>Day(s) available:</b>			<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>		

#### 4. Church Details

<b>Church/Organisation:</b>			
<b>Senior Minister's Name:</b>			
<b>Main Church Contact:</b>			
<b>Address:</b>			<b>Post Code:</b>
<b>Telephone No.:</b>			
<b>Email Address:</b>			

#### 5. Christian History

<b>How long have you been a Christian?</b>	
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<b>Give a brief account on how you started on your spiritual journey:</b>

<b>Give a brief account of your Spiritual journey so far:</b>

<b>Describe your relationship with your Pastor/Leader and your Church:</b>

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?

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If no, how do you plan to raise the finance?

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## 6. Your Skills

What are your hobbies/Interests?

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

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

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## 7. Your Health

<b>Do you suffer from any medical condition we need to be aware of?</b>	
<b>If so please give details:</b>	
<b>Are you currently on any medication?</b>	
<b>If so please give details:</b>	
<b>Are you subject to any dietary restriction?</b>	
<b>If so please give details:</b>	

## 8. Emergency Contact

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

## 9. References

Two references are required:  
One from a church leader 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 is true and correct.

Signature:

Date

### **FOR OFFICE USE ONLY**

Jacket Size:			
Shirt size:			
Date application form received:			
Date reference 1 received:			
Date reference 2 received:			
Date DBS application received	Applicant:	DBS Office	
DBS Clearance Approved:			
DBS Certificate Number:			