



# Street Pastors Application Form



**Please  
stick  
your  
PHOTO  
HERE**

**PLEASE CLEARLY PRINT ALL DETAILS IN BLACK INK AND BLOCK CAPITALS**

**Course Date:** March / September \* 20 \_\_\_\_\_ (\*Please delete appropriately)

Please state the area to which you would like to be a Street Pastor: \_\_\_\_\_

**PERSONAL DETAILS:**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Nationality: \_\_\_\_\_ Profession: \_\_\_\_\_

Do you have a driving license? Yes  No  Do you have use of a vehicle? Yes  No

**CHURCH / ORGANISATION DETAILS:**

Church / Organisation: \_\_\_\_\_

Minister's Name: \_\_\_\_\_

Main Church Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**CHRISTIAN HISTORY:**

At what point in your life did Christian Faith become personally meaningful? \_\_\_\_\_

\_\_\_\_\_

Describe any significant turning points on your spiritual journey. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does your Christian faith affect your life? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your relationship with your Pastor / Minister / Vicar / Priest of the Church you attend.

\_\_\_\_\_

\_\_\_\_\_

Are you involved in any form of Ministry in your church or in some other Christian organization, 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 from the Street Pastor's Course? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to fully finance this Course? Yes:  No:

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

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**YOUR SKILLS:**

What are your hobbies / interests? \_\_\_\_\_

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Do you have leadership skills? Yes:  No:   
If yes, please give an example.

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Do you have an up-to-date First Aid Certificate? Yes:  No:

Do you possess any skills not mentioned above, which you feel would be useful as a Street Pastor?

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**OTHER MATTERS:**

Are there any reasonable adjustments that we as an organization may need to make in order for you to function effectively as a Street Pastor? Yes:  No:

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**EMERGENCY CONTACT INFORMATION:**

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

**Emergency details 1**

**Name:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home No.** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**Emergency details 2**

**Name:** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home No.** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**REFERENCES:**

**Two references are required, one from your Pastor and the other from a person of your choice. Please state their name and address:**

**Reference 1**

**Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home No** \_\_\_\_\_

**Mobile No** \_\_\_\_\_

**Email** \_\_\_\_\_

**Reference 2**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home No.** \_\_\_\_\_

**Mobile No.** \_\_\_\_\_

**Email** \_\_\_\_\_

Please return this form directly to your Local Area Coordinator.

Mail to: Ascension Trust  
P.O. Box 3916  
Crystal Palace  
London, SE19 1QE

Telephone: 020 8330 2809  
Email: [training@streetpastors.org.uk](mailto:training@streetpastors.org.uk)