

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 _____

Coordinator : Sam Douthwaite

Office Address : The Salvation Army,
Northern Division,
Balliol Business Park West,
Newcastle upon Tyne,
NE12 8EW

Telephone : 0191 238 1819

Email Address : sam.douthwaite@salvationarmy.org.uk.

Are you able to fully finance this Course? Y/N

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

YOUR SKILLS

What are your hobbies/Interests?

Are you skilled in any performing Arts? (singing, dancing, acting music, other):

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

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

YOUR HEALTH

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

Are you currently on any medication? If so, please give details: Y/N

Are you subject to any dietary restriction? Y/N

CHRISTIAN HISTORY

How long have you been a Christian?

Give a brief account of your Conversion:

Give a brief account of your spiritual growth and development since Conversion

Describe your relationship with your Pastor / Leader and your Church

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:

Please state your reasons for wanting to be a Street Pastor

What are your expectations from the Street Pastor's Course?



Street Pastors Application Form



Please stick your PHOTO HERE

PLEASE CLEARLY PRINT 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: _____

Date of Birth: ____ / ____ / 19 ____ Marital Status: Single / Married / Divorced

Nationality _____ Profession: _____

Do you have a driving licence? Y/N Do you have use of a vehicle? Y/N

Coat Size: S / M / L / XL / XXL Shirt Size: S / M / L / XL / XXL

CHURCH / ORGANISATION DETAILS

Church/Organisation: _____

Minister's Name: _____

Main Church Contact: _____

Address: _____

_____ Post Code: _____

Telephone No. _____

Email Address: _____