



1. Introduction

<p>Yarra Street Pastors requires all volunteers to:</p> <ul style="list-style-type: none"> A. Be a professing Christian; B. Be over 18 years of age; C. Be committed to a local church in fellowship with the wider Christian community in the area; D. Have a positive reference from the leader of that church confirming that he/she would be suitable to be a Street Pastor and that he/she is currently leading a Christian lifestyle. 	<p>Please affix your PHOTO HERE</p>
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Note: If submitting form via email, please attach a photo as a jpeg file

First Name/s:	
Surname:	

I'M APPLYING TO BE A (TICK BOTH OR EITHER):	STREET PASTOR <input type="checkbox"/>	PRAYER PASTOR <input type="checkbox"/>
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Please Return Completed Application Form to Yarra Street Pastors	
Postal Address	Attn: Andrew Satterley, Scots' Church Offices, 1/156 Collins St, Melbourne. VIC 3000
Office Address	Scots' Church Offices, 1/156 Collins St, Melbourne. VIC 3000
Telephone	Andrew Satterley 0466 691 416
Email Address	info@streetpastors.org.au

Yarra Street Pastors is a charity registered in Australia
 ABN: 47 166 666 851 Incorporation no: A00 602 08A
 Registered address: Scots' Church Offices, 1/156 Collins St, Melbourne. Vic 3000

Please Clearly Print All Details in Black Ink and Block Capitals

2. 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.

3. Personal Details

Address:							
	Suburb/City:			State: Vic.		Post Code:	
Email:							
Telephone Numbers							
Home:		Work:		Mobile:			
Date of Birth:			Marital Status:				
Nationality			Profession:				
Do you have a driving license?				Do you have use of a vehicle?			
Tick Nights Available:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>(Note: Saturday is the main night)</i>							

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 NPC application received:	Applicant:		NPC Office		
NPC Clearance Approved:					

4. Church Details

Church/Organisation:			
Minister's Name:			
Main Church Contact:			
Address:			
	Suburb/City:	State: Vic.	Post Code:
Telephone No.			
Email Address:			

5. Christian History

How long have you been a Christian?	
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Give a brief account of how you started on your spiritual journey:

Give a brief account of your spiritual journey so far:

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 or Prayer Pastor

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What are your expectations from the Street Pastors' training?

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

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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 or Prayer Pastor?

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7. Your Health

Do you suffer from any medical condition we need to be aware of?

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

Are you subject to any dietary restrictions?

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8. Emergency Contact

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	

9. References

Two references are required:
 One from a Pastor (written) and another from a person of your choice (we will contact).
 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. *Signed:* _____ *Date:* _____