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| **Poole Town Pastors** require all volunteers to:* 1. Be a practising Christian for the past year;
	2. Be over 18 years of age;
	3. Be committed to a local church
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| **First Names:** |  |
| **Surname:** |  |

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| --- | --- |
| **Address:** |  |
|  |
|  | **Post Code:** |  |
| **Email:** |  |
| **Contact Numbers** |
| **Home:** |  | **Work:** |  | **Mobile:** |  |
| **Date of Birth:** |  | **Marital Status:** |  |
| **Nationality** |  | **Profession:** |  |
| **Do you have a driving license?** |  | **Do you have use of a vehicle?** |  |

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| **Church/Organisation:** |  |
| **Minister’s Name:** |  |
| **Main Church Contact:** |  |

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| **How long have you been a Christian?** |  |

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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 Town Pastor** |
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| **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 Town Pastor?** |
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| **Do you suffer from any medical condition we need to be aware of?**  | **Y/N** |
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| **Are you currently on any medication? If so give details below** | **Y/N** |
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| **Please give the name, address and telephone number of two persons who we may contact in case of emergency.** |
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| **Emergency details 1** | **Emergency details 2** |
| **Name:** |  | **Name:** |  |
| **Relationship** |  | **Relationship** |  |
| **Address** |  | **Address:** |  |
| **Home No** |  | **Home No.** |  |
| **Mobile No** |  | **Mobile No** |  |

# References

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| **Two references are required:** **One from a Minister/Pastor and another from a person of your choice (not a relative).** **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** |  |

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

Please return to John Ainsworth, Faithworks, Heron Court Road, Bournemouth, BH9 1DE

or John Ainsworth at pooletownpastors@gmail.com