



*Caring listening Helping...*

# Street Pastors Swindon: Reference form

**NB This form is confidential and will only be used for the purposes of assessment of the suitability of the applicant for the role of Street Pastor Volunteer.**

Applicant's name .....

Date.....

Your name.....

Your address.....

.....

.....Postcode.....

Your telephone number.....

What is your relationship to the applicant? .....

How long have you known the applicant? .....

How long has the applicant been attending your church?  
(please write N/A if this does not apply) .....

Please comment briefly on her/his spiritual growth and personal development

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Do you recommend the applicant for Street Pastor ministry? Please give your reasons.

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How do you expect the applicant to benefit from Street Pastor training and ministry? How might this affect your Church and Local Community?

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Please comment on the applicant's strengths, weakness, ability to work as part of a team, initiative, and any other information which you feel would be helpful.

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Would you be happy if any or all of the above information was shared with the applicant?

YES NO - please circle as appropriate

Signed.....Date.....

Please return this form to: Street Pastors Swindon  
44 Moresby Close  
SWINDON  
SN5 7BX  
  
07852 139744  
swindon@streetpastors.org.uk