

Town Pastor (Felixstowe) Application Form

1. Personal Details

Full Name: _____ Title: _____ Male/Female

Address: _____

Tel (day): _____ (eve): _____ Mobile: _____

Email: _____ Date of Birth: _____

Occupation: _____ Church attended: _____

Emergency contact name: _____

Emergency contact number: _____

Their relationship to you: _____

2. Why do you want to be a Town Pastor?

Please give a short statement as to why you wish to be a Town Pastor. Just a BRIEF statement is required so please only use the space provided:

3. Please give details of any relevant qualifications you have (e.g. First Aid).

4. Do you have any health/medical problems that it may be helpful for us to know about?

Have you ever had a criminal conviction, caution, reprimand or final warning?

No

Yes

Do you have a police enquiry or prosecution pending?

No

Yes (Please give dates and details on reverse)

(This role is exempt from the Rehabilitation of Offenders Act 1974, and you are required to disclose all convictions, cautions, reprimands or final warnings, including those that have been spent).

I agree to Town Pastors (Felixstowe) doing a check with the Criminal Records Bureau:

Yes

No

I already have been CRB checked
(please attach photocopy)

(A criminal record does not necessarily bar you from becoming a Town Pastor and cases will be assessed on an individual basis.)

6. References

Please supply the details of two referees. One should be your current church leader or minister whilst the other can be a personal referee.

Reference 1 – Church leader or minister

Title: _____

Name: _____

Address: _____

Tel (day): _____

Tel (eve): _____

email: _____

Reference 2 – Personal Referee

Title: _____

Name: _____

Address: _____

Tel (day): _____

Tel (eve): _____

email: _____

On the attached Reference Forms, please complete your personal details in box 1 and then pass them ASAP to your first and second referee.

7. Declaration

I declare that to the best of my knowledge, the information given in this form is true and accurate and I consent to this information being retained by Town Pastors (Ipswich) and being disclosed to the referees named in this application.

Signed: _____ Date: _____

8. Minister's/Church Leader's Signature

I confirm that the applicant attends the church stated above and am aware that they are applying to be a Town Pastor

Signed: _____ Name: _____ Date: _____

Please pass a referee form to your first and second referees and return your completed application form to
Peter Livey, 19 Westleton Way, Felixstowe IP11 2YG