APPLICATION FORM



Last Name	First Name	Gender
		O Male
		◯ Female
Address	Country	
	Citizenship(s)	
Email Address	Phone Number	
Date of Birth (DD/MM/YYYY)	Occupation	
Please explain your experience of the Christian life briefly		

In what ways have you served in your local church or Christian ministry?

How did you hear about Bodenseehof?

Name of the Person/Center/etc.

O From another person

From another Torchbearers Center
Other

Why would you like to work at Bodenseehof?

What is your ideal starting date?

For how long would you ideally like to work in this job?

What previous work experience do you have?

What relevant skillsets, abilities, training, or certifications do you have?

Do you have any physical limitations that prevent or impair you from completing tasks?

If yes, please explain

⊖ Ja ⊖ Nein

Do you have any mental health conditions that prevent or impair you from completing tasks?

🔿 Nein

If yes, please explain

Please provide the names, addresses, email addresses, and phone numbers of two people we could contact for a personal reference as well as your relationship.

With my signature I agree to the use of my personal information in accordance with the Bodenseehof e.V. Privacy Policy (see https://bodenseehof.de/en/datenschutzerklaerung).

Date

🔾 Ja

Signature

Please send your completed form to the address below. If you have any questions, please contact us at the contact information below. We look forward to receiving your application!



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