## APPLICATION FORM



Last Name		First Name	Gender	
			Male	
			Female	
Address		Country		
		Citizenship(s)		
Email Address		Phone Number		
Date of Birth (DD/MM/YYYY)		Occupation		
Please explain your experience of the Christian	ife hriefly			
In what ways have you served in your local church or Christian ministry?				
m what ways have you served in your local church or christian ministry:				
How did you hear about Bodenseehof?	Name of the Person/Center/etc.			
From another person				
O From another Torchbearers Center				
Other				

What position are you applying f	or?	
Why would you like to work at Bo	odenseehof?	
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?	
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NA/le at walley and alville at a chilities		
what relevant skillsets, adilities,	training, or certifications do you have?	
Do you have any physical limitations that prevent or	If yes, please explain	
impair you from completing tasks?		
◯ Ja ◯ Nein		
Do you have any mental	If yes, please explain	
health conditions that prevent or impair you from		
completing tasks?		
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Please provide the names, addre	esses, email addresses, and phone numbers of t	wo people we could contact for a personal reference as well as your relationship.
With my signature I agree to the datenschutzerklaerung).	use of my personal information in accordance	with the Bodenseehof e.V. Privacy Policy (see https://bodenseehof.de/en/
Date		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!

