

APPLICATION VOLUNTEERS



BODENSEEHOF
BIBELSCHULE & CHRISTLICHES JUGENDZENTRUM

Last Name

First Name

Geschlecht

☐ Männlich

☐ Weiblich

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?

☐ From another person

☐ From another Torchbearers Center

☐ Other

Name of the Person/Center/etc.

Why would you like to volunteer at Bodenseehof?

Availability

from

to

What previous work experience do you have?

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

☐ Yes ☐ No

If so, please explain

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

☐ Yes ☐ No

If so, 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

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!