

# Application Form Arche Belgium-Bruxelles



Family name: ..... First name:.....

Mail address: .....

**Period / place of volunteering:**

Timeframe (minimum 6 months, except during the summer):

From..... / ..... / .... Until..... / ..... /.....

Photo

## PERSONAL INFORMATION

Date of birth: ..... /..... /.....

Sex: FEMALE  MALE

Address:

Post code..... Country .....

Telephone - including full local or international code .....

Nationality:

Skype name :

Do you have a current driving licence? YES  NO  If YES, state which type: FULL  PROVISIONAL

## EDUCATION & TRAINING

*Education / training / Certificates:*

*Jobs and responsibilities:*

*Have you ever done voluntary work?*

*Have you already had contact with persons having learning disabilities?*

*Have you already worked with a team?*

*Have you ever had an experience of living in another country or culture?*

## **Motivation and Knowledge about l'Arche**

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*How did you hear about L'Arche?*

*Why do you wish to participate as a volunteer in a project like l'Arche?*

*Volunteering in L'Arche means to live with persons having learning disabilities in the same "homes". Please share your thoughts about that:*

*Commitment in L'Arche includes three dimensions: a professional, a communitarian and a spiritual one. Please share your thoughts about that:*

*What are your strengths, your qualities, for being a volunteer in l'Arche?*

*In which areas would you need support? What kind of support?*

*What are your wishes, needs and expectations for your work as a volunteer in l' Arche ?*

What are your favorite activities? Hobbies?

*Do you like cooking ?*

*Are you open to quote 2 reference persons and allow us to contact them?*

*Have you applied for L'Arche in another country? Or for any other association?  
If so, what is your preference?*

*Would you like to add something else?*

## **Languages:**

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### **Mother tongue:**

#### **French :**

Spoken: Don't talk  Beginner  intermediate  Advanced  Bilingual

Written: Don't write  Beginner  intermediate  Advanced  Bilingual

#### **English:**

Spoken: Don't talk  Beginner  intermediate  Advanced  Bilingual

Written: Don't write  Beginner  intermediate  Advanced  Bilingual

#### **Other languages:**

Spoken: Don't talk  Beginner  intermediate  Advanced  Bilingual

Written: Don't write  Beginner  intermediate  Advanced  Bilingual

**The sending organization:**

Name of the organization:
Contact:
Person of contact:

**Health Information:**

<i>Do you have a special diet (vegetarian, dairy-free, gluten-free?)</i>
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<i>Do you have any allergies?</i>
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<i>Do you have a special medication treatment?</i>
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<i>Do you have medical issues we should know and be aware of?</i>
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<i>Have you been vaccinated against Tetanus / Hepatitis?</i>
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<b>Thank you for having taken your time to complete this application form.</b>
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