

L'ARCHE, FMR – INDIA



APPLICATION FORM FOR ASSISTANTS / VOLUNTEERS

Please fill in this form fully as it will be important in the community's decision to invite you to come for a visit and trial period. Please return to the community leader at the above address.

PART A : PERSONAL DETAILS

1. Name: _____ Father's name: _____
2. Address (include telephone no.) _____
3. Date of birth: _____ Sex: female/male
4. Marital status: _____ Dependents: _____
5. Nationality: _____
6. Religious tradition: _____
7. Languages: a) Mother tongue: _____ b) Other: _____

PART B: EDUCATION AND TRAINING

Beginning with the most recent, please list briefly all schools, educational establishments and courses attended, showing any qualifications obtained.

Dates from/to	Educational establishment (and address)	Qualification/certificate gained

PART C: WORK EXPERIENCE

Please list jobs beginning with the most recent were including any voluntary work.

Dates from/to	Occupation (brief description of role)	Name of employer and address	Reason for leaving

PART D: OTHER RELEVANT SKILLS, EXPERIENCE, INTERESTS AND HOBBIES

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PART E: HEALTH

Because of the nature of the community, it is necessary for us to ask some questions about your health.

1. How would you describe your current state of physical and emotional health?
Please refer to any allergies or medication

2. Do you have any history of serious illness, injuries (e.g. back problems) or drug/alcohol dependency? YES/NO
If 'Yes' please give details on a separate sheet.

3. Do you have any history of psychiatric treatment? YES/NO

If 'Yes" please give details on a separate sheet.

PART F: SELF ASSESSMENT

1. What experience do you have of living and/or working with people with intellectual disability?

2. What experience have you had living in a community (e.g. family, ashram, religious community, hostel)

3. How did you hear about Asha Niketan, and why do you wish to come and live in the community? What are your hopes and expectations?

4. Stress in residential care can sometimes be quite high. How do you cope in stressful situations and /or situations of violence?

5. What experience do you have of working in a team? What is your relationship to authority?

6. What commitment can you offer Asha Niketan? Specify initially how long you wish to stay?

7. Asha Niketan is an interfaith community. This implies working closely with people of different religious traditions and ensuring the ongoing prayer life of the community. How do you feel about this?

8. Any other information you think would be helpful.

PART G: REFEREES

Please give details of three referees whom we may contact in connection with your application. At least one referee, and if it is possible from the L'Arche community near to you. They should not be members of your family.

<p>1. <i>(This person MUST have known you for more than 3 years.)</i></p> <p>Title, Name Address</p> <p>Telephone No. For how many years has this person known you? In what capacity?</p>
<p>2. <i>(This person MUST have known you in a <u>professional capacity</u>, e.g. employer, teacher.)</i></p> <p>Title, Name Address</p> <p>Telephone No. For how many years has this person known you? In what capacity?</p>
<p>3. <i>Other referee</i></p> <p>Title, Name Address</p> <p>Telephone No. For how many years has this person known you? In what capacity?</p>

PART H: DECLARATION

I declare that the information given on this form is to the best of my knowledge true and complete. I agree to L'Arche Asha Niketan (FMR India) taking up any references in connection with this application and understand that these will be confidential between the referee and Asha Niketan.

I agree that the information provided in this application form may be processed by Asha Niketan in relation to my application to come as an assistant/volunteer. If I am successful in my application, it is agreed that any information provided will be retained by Asha Niketan in a secure and confidential file and the contents used for necessary business purposes, subject to my express consent for disclosure where necessary.

Name & Signature:

Date: