



**APPLICATION FORM**

NAME \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell (if applicable) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Gender (Optional):  Male  Female Marital Status (Optional) \_\_\_\_\_

Social Security Number (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Religious Affiliation (Optional) \_\_\_\_\_

Do you have a current driver's license? \_\_\_\_\_ State/Number: \_\_\_\_\_

How long have you been driving? \_\_\_\_\_. Do you have any violations on your driving record (other than parking fines) or been in any accidents? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

What is your primary language? \_\_\_\_\_

If it is not English, how many years (if any) have you studied or spoken English? \_\_\_\_\_

Would you consider yourself to be fluent in English? \_\_\_\_\_

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address (including country): \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Citizenship and Visa Information:**

Are you a US citizen? \_\_\_\_\_ Of what country/countries are you a citizen? \_\_\_\_\_

If you aren't a US citizen, do you currently have a visa that enables you to enter the US? \_\_\_\_\_

If so, what kind of visa is it, and when does it expire? \_\_\_\_\_

**Work and Volunteer History:** Please list 3 organizations that you were affiliated with in a work or volunteer capacity. We ask that at least one organization is a former employer.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Status:     Full Time Paid     Part Time Paid     Volunteer

Title: \_\_\_\_\_    Dates: from \_\_\_\_\_    to \_\_\_\_\_

Duties & Responsibilities of the position: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name & phone: \_\_\_\_\_

May we contact? \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Status:     Full Time Paid     Part Time Paid     Volunteer

Title: \_\_\_\_\_    Dates: from \_\_\_\_\_    to \_\_\_\_\_

Duties & Responsibilities of the position: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name & phone: \_\_\_\_\_

May we contact? \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Status:     Full Time Paid     Part Time Paid     Volunteer

Title: \_\_\_\_\_    Dates: from \_\_\_\_\_    to \_\_\_\_\_

Duties & Responsibilities of the position: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's name & phone: \_\_\_\_\_

May we contact? \_\_\_\_\_

**Educational History: (Disregard this section if you are including a resume.)**

	<b>Name &amp; Address of School</b>	<b>Course of Study</b>	<b>Last Year Completed</b>	<b>Diploma or Degree</b>
<b>High School</b>				
<b>University</b>				
<b>University</b>				

List any other experiences, special qualifications, skills, talents or hobbies that you consider useful and valuable for your time with us. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Many of our Core Members (those with disabilities) have physical needs ranging from lending a hand climbing into a van to requiring weight-bearing transfers. Do you have any physical limitations that would prevent you from providing physical assistance? We ask this question to help us find the best home / role for you. Do you have any other limitations or concerns you feel it would be helpful for us to know about when considering the appropriate place for you in our community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied to another L'Arche or volunteer agency? If so, please list: \_\_\_\_\_  
\_\_\_\_\_

We generally ask employees to make commitments to the community in one-year increments. What kind of basic time commitment are you able to make to the community? \_\_\_\_\_  
\_\_\_\_\_

When are you available to join L'Arche Tahoma Hope? \_\_\_\_\_

Please ask 3 people who know you and are in a position to judge your general character, motivation and employment record to fill out the enclosed reference form. **When possible, please choose at least one person from your employment and/or educational background, one person who has walked with you in your personal and/or spiritual growth, and one person who has known you for at least 5 years. Do not include relatives.** Please list names, addresses, phone numbers and relationship.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

I understand that the information supplied in this application will be shared with the leadership team of L'Arche Tahoma Hope and those providing references, if necessary. I also declare that this information is true to the best of my understanding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the policy of the L'Arche Tahoma Hope Community that no person shall be subjected to discrimination because of race, color, national origin, gender, age, religion, creed, sexual orientation, marital status, disabled and Vietnam Era Veteran status, or the presence of any physical, mental or sensory handicap. This includes persons known to have any transmittable disease including the HIV/AIDS virus.

## **APPLICATION ESSAY FOR L'ARCHE TAHOMA HOPE**

Write an essay covering the following topics. Answer all questions thoroughly and candidly. We are not looking for a certain set of answers but this is our chance to get to know you.

1. L'Arche seeks to create community with people with a developmental disability, to give them a home where they can live in dignity and grow in every spiritual and human dimension of their being. To the best of your ability please explain your motivations and expectations in coming to L'Arche.
2. L'Arche Tahoma Hope is an interdenominational Christian community inspired by the Beatitudes and the spirit of the gospel. How does your personal/spiritual journey blend with this aspect of L'Arche?
3. Please describe whatever experiences you may have had with people with developmental disabilities.
4. Please describe your experiences with community living. What are your hopes and expectations around community living at this point in your life?
5. Please comment on how you cope with stressful situations. How do you handle conflict?
6. How do you think you would handle directives from others, especially from those in authority. How would you describe your relationship with authority figures throughout your life?
7. Anything else you think we should know about you (strengths, weaknesses, life experiences, various aspects of your personality, fears, hopes, future aspirations, etc.).

Thank you for taking the time to share some of yourself with us. This information is confidential and will be reviewed by our applications committee (Community Council).



**SELF-REFERENCE FORM**

**NAME** \_\_\_\_\_

Circle the number that you feel best describes you.

Key: 1 – Poor    2 – Below Average    3 - Average    4 – Very Good    5 – Excellent  
N/A - Not Able To Answer

<b>CHARACTERISTICS</b>		<b>COMMENTS</b>
Health	1 2 3 4 5 N/A	
Maturity	1 2 3 4 5 N/A	
Ability to get along with others	1 2 3 4 5 N/A	
Emotional Stability	1 2 3 4 5 N/A	
Common Sense	1 2 3 4 5 N/A	
Dependability	1 2 3 4 5 N/A	
Ability to make decisions	1 2 3 4 5 N/A	
Flexibility	1 2 3 4 5 N/A	
Motivation	1 2 3 4 5 N/A	
Creativity	1 2 3 4 5 N/A	
Use of Time	1 2 3 4 5 N/A	
Ability to express feelings	1 2 3 4 5 N/A	
Ability to work with others	1 2 3 4 5 N/A	
Ability to work alone	1 2 3 4 5 N/A	
Conflict Management	1 2 3 4 5 N/A	
Communication Skills	1 2 3 4 5 N/A	
Relationship w/Authority	1 2 3 4 5 N/A	
Leadership Ability	1 2 3 4 5 N/A	
Ability to work under pressure	1 2 3 4 5 N/A	
Seeks integration of Christian faith in own life	1 2 3 4 5 N/A	
Openness to different religious traditions	1 2 3 4 5 N/A	

**Signature of Applicant** \_\_\_\_\_



## REFERENCE FORM

NAME OF APPLICANT \_\_\_\_\_

Circle the number that you feel best describes the applicant. Please include, as many comments as possible in order to help us further understand your answers.

Key: 1 – Poor 2 – Below Average 3 – Average 4 – Very Good 5 - Excellent N/A - Not Able To Answer

CHARACTERISTICS		COMMENTS
Health	1 2 3 4 5 N/A	
Maturity	1 2 3 4 5 N/A	
Ability to get along with others	1 2 3 4 5 N/A	
Emotional Stability	1 2 3 4 5 N/A	
Common Sense	1 2 3 4 5 N/A	
Dependability	1 2 3 4 5 N/A	
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Relationship w/Authority	1 2 3 4 5 N/A	
Leadership Ability	1 2 3 4 5 N/A	
Ability to work under pressure	1 2 3 4 5 N/A	
Seeks integration of faith into his/her own life	1 2 3 4 5 N/A	
Openness to different religious traditions	1 2 3 4 5 N/A	

The applicant is:

- Highly recommended
- Recommended
- Recommended with reservations
- Not recommended

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

Hm. \_\_\_\_\_ Wk. \_\_\_\_\_

e-mail: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_