



8- Contact Details

a) Present Address

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

City: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code (if applicable): \_\_\_\_\_

Telephone number (including country and area code): \_\_\_\_\_

b) Permanent Address (tick here if same as above:  )

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

City: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code (if applicable): \_\_\_\_\_

Telephone number (including country and area code): \_\_\_\_\_

c) Mobile number (including country and area code): \_\_\_\_\_

d) Email: \_\_\_\_\_

9- Your Church

a) Name and Address of Church Congregation:

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

b) Name of Pastor: \_\_\_\_\_

**EDUCATION, FORMATION, SKILLS AND EXPERIENCES:**

10- Highest academic qualification achieved:

None                      Brevet                      Baccalaureate

BA/BS/BEng              MA/MS/MEng              PhD

Other (*please specify*): \_\_\_\_\_

11- Highest vocational qualification achieved:

None              BP                      BT                      TS

Other (*please specify*): \_\_\_\_\_

12- Please state any Academic/Vocational experience for which you were not awarded a degree or certificate:

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13- What hobbies or interests do you have?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

14- Proficiency in foreign languages (please circle appropriate):

English:

|               |      |         |      |            |
|---------------|------|---------|------|------------|
| Understanding | Good | Average | Poor | Not at all |
| Speaking      | Good | Average | Poor | Not at all |
| Writing       | Good | Average | Poor | Not at all |
| Reading       | Good | Average | Poor | Not at all |

## Arabic:

|               |      |         |      |            |
|---------------|------|---------|------|------------|
| Understanding | Good | Average | Poor | Not at all |
| Speaking      | Good | Average | Poor | Not at all |
| Writing       | Good | Average | Poor | Not at all |
| Reading       | Good | Average | Poor | Not at all |

## French:

|               |      |         |      |            |
|---------------|------|---------|------|------------|
| Understanding | Good | Average | Poor | Not at all |
| Speaking      | Good | Average | Poor | Not at all |
| Writing       | Good | Average | Poor | Not at all |
| Reading       | Good | Average | Poor | Not at all |

## German:

|               |      |         |      |            |
|---------------|------|---------|------|------------|
| Understanding | Good | Average | Poor | Not at all |
| Speaking      | Good | Average | Poor | Not at all |
| Writing       | Good | Average | Poor | Not at all |
| Reading       | Good | Average | Poor | Not at all |

Other (please specify): \_\_\_\_\_

|               |      |         |      |            |
|---------------|------|---------|------|------------|
| Understanding | Good | Average | Poor | Not at all |
| Speaking      | Good | Average | Poor | Not at all |
| Writing       | Good | Average | Poor | Not at all |
| Reading       | Good | Average | Poor | Not at all |

15- Have you ever visited a foreign country?

| Country | Reason(s) | Period of stay |
|---------|-----------|----------------|
| _____   | _____     | _____          |
| _____   | _____     | _____          |
| _____   | _____     | _____          |
| _____   | _____     | _____          |
| _____   | _____     | _____          |
| _____   | _____     | _____          |

18- Do you have a driving license?      Yes      No

If yes, what kind? (e.g. Lebanese, International....) \_\_\_\_\_

**MOTIVATION**

19- Why would you like to volunteer at JLSS?

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Have you volunteered before?

Yes            No

If yes, please give some more information (*Where, when...*):

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20- Which kind of task would be a satisfying one for you at JLSS and why?

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21- Would you like to add any other comments?

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**ADMINISTRATION AND HEALTH INFORMATION**

22- Your passport

Passport Number: \_\_\_\_\_  
Issue date (DD/MM/YY): \_\_\_/\_\_\_/\_\_\_  
Place of issue: \_\_\_\_\_  
Valid until (DD/MM/YY): \_\_\_/\_\_\_/\_\_\_

23- How would you describe your physical health?

Satisfactory          Good          Very Good          Excellent

Do you know whether you are fit for service in Bekaa climate *(form more information please contact us or check a trusted weather service)?*

Yes          I don't know

24- Do you have any medical insurance?

Yes          No

If yes, please specify: \_\_\_\_\_

25- What are you at the moment?

Student          Trainee          Civil/Military Service          Volunteer

Employed          Other *(please specify)*: \_\_\_\_\_

**Please make sure you have filled all fields correctly.**

Attach to the application form a personal CV *(preferably, but not necessarily, in English)*.

*If you are under 18 please let your guardian sign instead.*

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

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