

Application for Workcamp, Staff or Workstudy 2012

Familyname:	Name:	Spiritual Name:
Street:		Phone:
ZIP/STATE:	City:	Country:
Date of birth:	Nationality:	Email:

Children participating in the Camp (**not** in Workcamp!!)

Name:	Age:	Name:	Age:
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I would like to participate in the **WORKCAMP** from _____ to _____ '12 (We start on June 17th 2012)

I would like to participate as fulltime **STAFF** during Camp from _____ to _____ '12

I would like to participate part-time helper in the **WORKSTUDY-PROGRAM** from _____ to _____ '12

and follow the following programs (it's absolutely **necessary** to answer this question, please!)

I would like to participate in the **TAKEDOWN** from _____ to _____ '12
(Takedown will take approx. 2 weeks and will end around Sept. 6th 2012)

For participants of the WORKCAMP:

I would like to take my free days during

(This is not binding and can be chaged still! It just helps us with the first rough scheduling)

WHAT WILL I BRING AS TALENTS? :

Craftsman's skills:

much some none

If yes, please give a brief description:

Large quantity cooking: much some none

Experience with Childcare: much some none

Administrative skills: much some none

Soundsystems/Recording/Electronics: much some none

Driver's license: yes no If yes, since when?

LANGUAGES:

German: good some none **English:** good some none

French: good some none **Italian:** good some none

Others:

Please fill in, if you apply for **WORKCAMP** or **STAFF**:

Did you participate in Workcamp or on Staff before?

No

Yes

If you participate for the 1st time,

Through who or what did you learn about the Camp and the possibility to work here?

(Please give us some names, so we have some kind of reference)

If you've been on Staff before, which areas did you work in?

Please write something about your **motivation** to come and help in Workcamp or Staff:

IN WHICH AREAS COULD YOU SEE YOURSELF WORKING?

Please also name here other talents, skills or experiences that we should know about:

Are you present or have you been in **psychiatric/therapeutic care**?

No

Yes

If yes, when and because of what?

I have read the regulations on the website and accept all there named rules and conditions,

Place and Date:

Signature:

or send to: Zenith Institute, 13, Rue de la Tuilerie F- 92150 Suresnes, France
Telefon: 0033-1-47284846 Fax: 0033-1-53010865