

MEDICAL HISTORY

Do you have good health? YES NO

Do you have any allergies? Which?

Do you have any special dietary needs? YES NO (*Special dietary need usually cannot be accommodated at a camp*)

Do you smoke? YES NO (**DELPHICAMP is a no smoking environment**)

Are you prepared not to smoke during the summer season? YES NO

Do you take any medication? YES NO If yes, please explain:

Have you ever suffered from a nervous breakdown or any other mental or psychological illness?

→Describe any experience with children (indicate the ages and the responsibilities you had)

SKILLS

Indicate areas and activities that you can organize. Please describe your personal or teaching experiences in these areas. Include any relevant photos you may have.

BASKEBALL
 SOCCER
 VOLLEYBALL
 TABLE TENNIS
 CHESS
 SWIMMING
 KANOE
 MARTIAL ARTS

DRAWING
 ARTS & CRAFTS
 POTTERY
 MUSIC / SINGING
 MUSICAL INSTRUMENT:
.....
 THEATER
 IMPROVISATION

DANCE
 GAMES
 CAMP GAMES
 CAMP NEWSPAPER
 OTHER:

With which ages have you worked before? 6-8 9-10 11-12 13-15

With which ages do you prefer working with? 6-8 9-10 11-12 13-15

Do you have: a Lifeguard license? YES NO

First Aid License: YES NO

EXPERIENCE

Have you ever worked at DELPHICAMP before? If yes, when?

Have you ever worked before at a camp? If yes, at which one and when?

Please note at least one session that you can work at camp. If you can stay for more than one, they have to be consecutive:

- | | |
|--|--|
| <input type="checkbox"/> A': 16/6 - 7/7 | <input type="checkbox"/> OAED 1: 16/6 - 30/6 |
| <input type="checkbox"/> B': 8/7 - 29/7 | <input type="checkbox"/> OAED 2: 28/6 - 12/7 |
| <input type="checkbox"/> C': 30/7 - 20/8 | <input type="checkbox"/> OAED 3: 12/7 - 26/7 |
| | <input type="checkbox"/> OAED 4: 30/7 - 13/8 |
| | <input type="checkbox"/> OAED 5: 13/8 - 27/8 |

In case you are not sure of the dates you are available, let us know in the comments and email us when you are sure. Please do not indicate sessions where you have other commitments (eg examinations, weddings, christenings). It is better to choose a session where you can be at the camp full time.

Comments:

ATTACHMENTS

- Two letters of recommendation.
- Photocopy of ID card
- Photocopy of VAT registration number or AMKA (which also includes the VAT number)
- Photocopy of the IKA registration number (if available)
- Photocopy of a payroll bank account in Ethniki, the IBAN (if any)
- CV
- Photocopy of a Medical Health Certificate
- Photocopies of university degrees, 1st aid and/or lifeguard certifications, work permits, etc. (if applicable)

I would like to receive the newsletter, emails and informative sms.

I hereby **consent** to the collection and processing of my personal data, as well as my photo, for the creation of my profile, my evaluation and generally for purposes related to my possible recruitment, my employment relationship, hygiene and safety at work, in accordance with the applicable legislation and Regulation (EU) 2016/679. Access to the data will be granted to the employees responsible for the employment relationship and the competent authorities. I grant the right to the business in case of my recruitment to use and display the details of my professional identity publicly (in the printed and electronic press, as well as on the Internet and in the social media) for the purpose of promoting herself and her services. I have been informed that my data manager is "DELPHICAMP - SIDERIS" and I have the right to be informed about the processing of my data, to submit requests for access to, correction or deletion by sending an email to e-mail (info@delphicamp.gr) and to file a complaint with the Personal Data Protection Authority in the event of a violation of these.

Date:

Signature: