COUNSELOR APPLICATION FORM - DELPHICAMP

The following data, and the data from the application form and its attachments, are registered in the camp database, are absolutely confidential, their collection is intended solely for the smooth organization and operation of the camp and is not disclosed without the consent of the signatory. DELPHICAMP protects your personal information in full confidentiality and in accordance with all laws governing the protection of personal data. Concerning the protection of personal data, you can get further information from our website at this link: http://www.delphicamp.gr/data-protection.htm

Please email us a signed application and the attachments at info@delphicamp.gr. As a subject use "Staff Application Form".

- This application is for the position of: ……

(Counselor, head counselor, doctor, nurse, psychologist, social worker, kitchen staff, cleaning staff, guard, other)

PERSONAL INFORMATION			
Last name:		First name:	
Age:	Date of birth:	Place of birth:	
Father's name:		Mother's first & last name:	
Address: Street & number:		City:	Postcode:
Telephone No:		Cell No:	
ID No:	Date of issue:	Place of issue:	
Tax No:		Tax office:	
Social security No:			
National registration No:			
Last occupation:			
Marital status: Married YES ☐ NO ☐		Children YES ☐ NO ☐	
Email:			
IBAN of payroll bank account:			
Skype name:		Facebook name:	

SYUDIES	
School:	Major:
Year of studies:	Graduation:
Comments:	

Languages	READ			WRITE			SPEAK		
	VERY WELL	WELL	AVERAGE	VERY WELL	WELL	AVERAGE	VERY WELL	WELL	AVERAGE
Greek									
English									
French									
German									

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 two consecutive sessions that you can work at camp:

- ❑ 1: 17/6 – 1/7
- ❑ 2: 1/7 –15/7
- ❑ 3: 16/7 – 30/7
- ❑ 4: 31/7 – 14/8
- ❑ 5: 14/8 – 22/8

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 (e.g. examinations, weddings, christenings). It is better to choose a session where you can be at the camp full time. Arrival is the afternoon before the first day of the session. Departure is on the last afternoon of the session.

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
- ❑ Photocopy of your criminal record.
- ❑ 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: