

Association of Friends of Youth Ljubljana Moste - Polje
Address: Proletarska cesta 1, 1000 Ljubljana, Slovenia
Website: www.zpmmoste.net

CAMP COUNSELLOR APPLICATION FORM

Your picture here

PERSONAL DETAILS:

Name:		
Gender:	Male	Female
Address:		
Date of birth:		
Phone number:		
E-mail:		

EMERGENCY CONTACTS:

Name:		Name:	
Relationship:		Relationship:	
Phone number:		Phone number:	

EDUCATION:

If you are in school, which school? Grade/Year?	
If you are in College/University, what program?	
Employment?	

WORK EXPERIENCE:

Counsellor - animator (School, Community, Organisation):

List your volunteer experience (list any special experience & responsibilities you have had with children):

Additional trainings (list any special courses/trainings you have had):

PLEASE INDICATE YOUR AREAS OF INTEREST:

- | | | |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Cooking | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Fashion | <input type="checkbox"/> Music |
| <input type="checkbox"/> Other (please write): | | |

PLEASE LIST 6 ADJECTIVES THAT DESCRIBE YOUR PERSONALITY:

PLEASE INDICATE WHAT AGE AND GROUP YOU WOULD PREFER TO WORK WITH:

- | | |
|----------------------------------|--------------------------------|
| <input type="checkbox"/> 6 – 8 | <input type="checkbox"/> Boys |
| <input type="checkbox"/> 9 – 11 | <input type="checkbox"/> Girls |
| <input type="checkbox"/> 12 – 14 | |

CHOOSE YOUR SHIFT (minimum for a week, maximum for two weeks):

- | | | |
|--|---|--|
| <input type="checkbox"/> 30.6. - 6.7.2019 | <input type="checkbox"/> 7.7. - 13.7.2019 | <input type="checkbox"/> 14.7. - 20.7.2019 |
| <input type="checkbox"/> 28.7. - 3.8.2019 | <input type="checkbox"/> 4.8. - 10.8.2019 | <input type="checkbox"/> 11.8. - 17.8.2019 |
| <input type="checkbox"/> 18.8. - 24.8.2019 | | |

- All staff members are required to provide their proof of age and social insurance number.
- Please send us photocopies or scans of the following: Student Card and ID (with Photo Identification) and a recommendation letter of mentor.
- The Association of Friends of Youth Ljubljana Moste – Polje will protect your personal information.

Date: _____

Signature: _____