

Association of Friends of Youth Ljubljana Moste - Polje  
Address: Proletarska cesta 1, 1000 Ljubljana, Slovenia  
Website: [www.zpmmoste.net](http://www.zpmmoste.net)

Your picture here

## CAMP COUNSELLOR APPLICATION FORM

### 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"/> 2.7. – 8.7.2017   | <input type="checkbox"/> 9.7. – 15.7.2017 | <input type="checkbox"/> 16.7. – 22.7.2017 |
| <input type="checkbox"/> 30.7. – 5.8.2017  | <input type="checkbox"/> 6.8. – 12.8.2017 | <input type="checkbox"/> 13.8. – 19.8.2017 |
| <input type="checkbox"/> 20.8. – 25.8.2017 |   |  |

- 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).
- The Association of Friends of Youth Ljubljana Moste – Polje will protect your personal information.

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

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