



EUROPEAN MASTERS ATHLETICS CHAMPIONSHIPS 2019

EUROPEAN MASTERS ATHLETICS CHAMPIONSHIPS 2019 APPLICATION FORM FOR VOLUNTEERS

Surname: _____ Name: _____

E-mail address: _____ Mobile Phone: _____

Date of birth _____ Place _____ Profession: _____

School: _____ Class: _____

With own car: YES NO

Sector preference: Welcoming ___ Accreditation ___ Track/Facilities ___ NoStadia Itineraries ___ Media ___

Secretary ___ Ceremonial ___ Antidoping ___ TIC/Call Room ___ Surveillance ___

(choose at least 4 sectors you're interested in)

PUT A CROSS UNDER THE CHOSEN PERIOD (It is possible to choose both periods)	PERIOD FROM SEPTEMBER 3rd to 9th	PERIOD FROM SEPTEMBER 9th to 15th

CAUTION

The availability must be given for the first period from September 3rd to 9th, or for the second September 9th to 15th. It is possible to give the availability for both periods.

FOR ALL SECTORS

On September 3rd and 4th for the 1st period and September 9th for the 2nd period compulsory training based on the assigned sectors.

Known Languages: _____

(indicate your knowledge level)

Size for uniform: Trousers _____ T-Shirt _____

Any experience as a volunteer during the last years YES NO Event _____

Sport played / which _____

Signature of the volunteer

PRIVACY POLICY FOR THE PUBLICATION OF DATA

Pursuant to Article 13 of Legislative Decree 196/2003 and of the GDPR 679/2016. We inform you that personal data given with this consent form will be treated with manual and electronic procedures, in compliance with the existing legislation, fair principles, lawfulness, transparency and confidentiality; in this respect, the data provided, including the portrait contained in the above mentioned photographs, will be used for the purposes closely and instrumentally related to the activities as indicated in the above consent form. The granting of consent to the processing of personal data is optional. You can exercise at any time all the rights set forth in the D. Lgs n° 196/2003 and the GDPR 679/2016, in particular the cancellation, rectification or integration of data. These rights may be exercised by sending a written notice.

The undersigned declares to have read the attached privacy policy and

Gives the consent Does not give the consent

Place and date _____

Signature (legible)

CONSENT FORM/AUTHORIZATION FOR THE PUBLICATION OF SENSITIVE DATA AND PHOTOS

I, the undersigned: _____
(Name and surname of a parent and/or guardian)

Born in _____ on the _____ in the province of _____ ()

Social security number _____

Acting as legal guardian of the minor:

Surname _____ Name _____

Born in _____ Prov _____ On the _____

Resident in _____ Prov _____ in Street _____ n° _____

Hereby

AUTHORIZE

Free of charge, without any time limit, in accordance with artt. 10 and 320 of the Cod.Civ. and artt. 96 and 97 law 22.4.1941, n. 633, copyright law, the publication and/or dissemination in any form **of images of the abovementioned minor** on the website, on printed paper and/or on any other dissemination medium, moreover authorizes the images conservation in the computer files and acknowledges that the purposes of these publications are merely commercial and promotional in the sports field and anyway tied to the specific event **European Masters Athletics Championships 2019**.

The current consent/authorization can be withdrawn in any time with a written communication to be sent by post or e-mail.

In witness

(Legible signature of the Minor)

(Legible signature of the parent/guardian)