

## 2020 VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering  
with the Cork International Choral Festival!  
We would like to know a little more about yourself.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you previously volunteered for any Festival or event? Yes  No

If yes, in what capacity? \_\_\_\_\_

\_\_\_\_\_

How did you hear about volunteering for the Cork International Choral Festival?

\_\_\_\_\_

Please select the area(s) you wish to volunteer in:

(Although we cannot assure you will be assigned to the preferred area, we will try to accommodate all the requests.)

Steward

Runner

Photography/video

Marketing research

Other - Please specify preference \_\_\_\_\_

Do you have any particular skills or qualities that you could use in your voluntary work?

\_\_\_\_\_

\_\_\_\_\_

Is there any specific experience you hope to gain from volunteering with us?

\_\_\_\_\_

\_\_\_\_\_

Please let us know what hours you are available:

|                                     | Anytime | 8 am - 1 pm | 1 pm - 6 pm | 6 pm - 11 pm | Not sure yet, I will let you know! |
|-------------------------------------|---------|-------------|-------------|--------------|------------------------------------|
| Wednesday<br>29 <sup>th</sup> April |         |             |             |              |                                    |
| Thursday<br>30 <sup>th</sup> April  |         |             |             |              |                                    |
| Friday<br>1 <sup>st</sup> May       |         |             |             |              |                                    |
| Saturday<br>2 <sup>nd</sup> May     |         |             |             |              |                                    |
| Sunday<br>3 <sup>rd</sup> May       |         |             |             |              |                                    |

### *Emergency Contact Details*

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

### *Additional Personal Information*

Do you have any medical condition/illness that might affect your work as a volunteer?

Yes  No

If yes, please give details (these details will only be passed on to your Team Co-ordinator)

\_\_\_\_\_

Are you a fluent speaker of English? Yes  No

If no, please indicate your level of comprehension: Poor  Basic  Good

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

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