



Volunteer _____
Expression of interest form

Cork International Choral Festival

Name: _____

Address: _____

Date of birth: _____

Mobile. No: _____

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?

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: _____

Please complete and return to: Cork International Choral Festival, Civic Trust House, 50 Pope's Quay

Cork or email to: administrator@corkchoral.ie