

## 2019 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.)

- |  |   |
|--|---|
| <input type="checkbox"/> Box Office Assistants                   | <input type="checkbox"/> Front of House     |
| <input type="checkbox"/> Runner                                  | <input type="checkbox"/> Steward            |
| <input type="checkbox"/> Photography                             | <input type="checkbox"/> Video              |
| <input type="checkbox"/> Social media                            | <input type="checkbox"/> Marketing research |
| <input type="checkbox"/> 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 1 <sup>st</sup> May					
Thursday 2 <sup>nd</sup> May					
Friday 3 <sup>rd</sup> May					
Saturday 4 <sup>th</sup> May					
Sunday 5 <sup>th</sup> May					

Are you available to volunteer before the Festival?      Yes     No

If yes, please tell us when you are available.

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*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)

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Are you a fluent speaker of English?    Yes     No

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

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

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