Celtic Media Festival Volunteer Registration Form

*Please fill in the form below and return by email to Festival Manager, Naomi Wright* [*naomi@celticmediafestival.co.uk*](file:///C%3A%5CUsers%5CNaomi%5CAppData%5CLocal%5CTemp%5Cnaomi%40celticmediafestival.co.uk)

|  |  |
| --- | --- |
| First Name:  | Surname:  |
| Home Address:  |
| Telephone No: (Day)  | Telephone No: (Evening): |
| Email Address:  |

|  |
| --- |
| What would you like to achieve through your voluntary work at the organisation?  |
| Do you have any support needs? Please specify |
| Previous experience (Paid or Unpaid): |
| Any other information relevant to the post: |
| Days/hours available: |
|  | Tuesday | Wednesday | Thursday | Friday | Saturday |
| AM |  |  |  |  | N/A |
| PM |  |  |  |  | N/A |
| Evening |  |  |  |  | N/A |

|  |
| --- |
| How did you hear about our organisation? |

References

Please supply the names and addresses of a referee who know you well. This may be a previous or current employer, neighbour, head teacher or a previous volunteering project. Please note that a referee cannot be a relative.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name  | Relationship to referee | Position | Telephone number | Email |
|  |  |  |  |  |

Agreement

Please sign to confirm that the details contained in this form are a true reflection of the discussion.

|  |  |
| --- | --- |
| Signed by Volunteer : | Date: |