**Personal Details**

|  |  |
| --- | --- |
| **Name:** | |
| **Address:** | |
| **Home Phone:** | **Mobile:** |
| **Email:** | |

**AGE (please tick below):**

|  |  |  |  |
| --- | --- | --- | --- |
| **16-25** | **25-35** | **35-45** | **45+** |
|  |  |  |  |

**Employment History**

**Are you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employed | Student | Retired | Unemployed | Other |
| **As an international festival, we welcome people from all over the world – please let us know if you speak any other languages!** | | | | | |
|  | | | | | |
|  | | | | | |
| **Please give details of work experience** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |

**How did you hear about volunteering with Baboró?**

|  |
| --- |
|  |
|  |
|  |

**Have you volunteered with Baboró previously? Yes**  **No**

|  |
| --- |
| **If Yes, please give details:** |
|  |
|  |
|  |

**Other Relevant Information – Volunteering, Hobbies, Areas of Special Interest**

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**Details of any additional skills that make you an addition to the festival team:**

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| --- |
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**Why do you wish to be involved in Baboró 2019 as a volunteer? We’d love to know!**

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**Please detail any further comments or notes related, e.g. health/disability issues:**

|  |
| --- |
|  |
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|  |

**Contact in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Availability**

Are you available in September/October for brochure distribution in Galway?

Yes  No

**Festival dates October 14th to 20st**

Volunteers should be available before this date for training.

**Please give dates and times you are available for the festival.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Morning** | **Afternoon** | **Evening** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |
| **Saturday** |  |  |  |
| **Sunday** |  |  |  |

**If you have any preferences, please indicate below:**

|  |
| --- |
|  |

**Are you available to work full time? Yes**   **No**

**Do you have a criminal record? Yes**   **No**

Please provide names and addresses of two people whom we may contact for a reference.

These people can **not** be relatives.

|  |  |
| --- | --- |
| **1. Name** | **Telephone** |
| Address | |
| **2. Name** | **Telephone** |
| Address | |

I certify that the statements made by me in answer to all the questions above are true to the best of my knowledge and belief.

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

Please return to [kevin@baboro.ie](mailto:kevin@baboro.ie) or mail to:

Baboró International Arts Festival for Children, Hynes Building, St Clares Walk, Merchants Road, Galway

Questions? Call 091 562 667