



Volunteer Application Form

If you would prefer to submit answers to this form in another way, please email us at info@eastcorkearlymusic.ie or contact us by telephone on 086 166 6725

Surname:

Firstname:

Address:

Telephone:

Email:

If you are comfortable with sharing, please let us know your gender identity (we aim to represent a balance of genders):

☐ Male

☐ Female

☐ Transgender

☐ Non-binary/non-conforming

☐ Prefer to self-describe

☐ Prefer not to say

Preferred
Pronouns:

Please tell us why you would like to volunteer with ECEMF?

What do you hope to gain from your experience from working with us?



Please tell us about any educational background, work or volunteering experience that would be relevant to the volunteer role you are applying for.

If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role.

Are you available to volunteer for the following dates: 13-16 October 2021 with the possibility of some additional dates either side of this?

☐ Yes

☐ No

Do you have any additional needs you would like to share with us?

Additional Comments:



References: Please supply us with the names of two referees (non-relatives):

Name

Name

Address:

Address:

Email:

Email:

Telephone:

Telephone:

Signed: _____

Date:

Please return this application with the subject line Volunteer Application to info@eastcorkearlymusic.ie

***Note: Garda Vetting is a requirement for all/some volunteer roles within our organisation**