



CANOLFAN  
MILENIWM  
CYMRU  
WALES  
MILLENNIUM  
CENTRE\*



# Volunteer Application Form

*Which role are you applying for?:*

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SECTION 1. PERSONAL DETAILS	
Name:	
Surname :	
Home Address:	
Postcode:	
Home Telephone :	
Mobile Telephone:	
E-Mail Address:	
Date of Birth	
Do you hold a current driving licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have your own transport?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a Welsh Speaker?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a Criminal Offence? (Declaration subject to the Rehabilitation of Offenders Act 1974).	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES please provide details:	

**SECTION 2. CURRENT OR MOST RECENT JOB (PAID OR UNPAID)/EDUCATION****Position Held/Course:**

Employer's/Place of Study Name and Address:

Postcode:

Main purpose of role/description of course:

*If you wish to, you may attach your CV to the application form.***SECTION 3. DO YOU HAVE ANY PREVIOUS VOLUNTARY EXPERIENCE?**

**If so, please provide us with a brief outline of any previous voluntary experience. If you haven't had any previous voluntary experience please tell us about the skills that you think would benefit you on the programme. (Continue on separate sheet(s) if necessary).**

## SECTION 4. GENERAL INFORMATION

Where did you hear about the scheme? (Please tick box)

- Word of Mouth (included recommended to)
- Festival of Voice Website
- The Centre Website
- Social Media
- Other (Please specify)

Why would you like to become a volunteer at Festival of Voice?

## SECTION 5. REFERENCE

*Please give the name, address and telephone number of one referee.*

Name:

Position:

Address:

Postcode:

Email address:

Telephone:

## SECTION 6. AVAILABILITY

### Let us know when you're free to help out with the festival;

If applying for a role that can start from April, when can you start, and what days of the week can you do?

What days can you work during the festival? (please tick the days you are available)

#### June

Thursday 7<sup>th</sup>

Friday 8<sup>th</sup>

Saturday 9<sup>th</sup>

Sunday 10<sup>th</sup>

Monday 11<sup>th</sup>

Tuesday 12<sup>th</sup>

Wednesday 13<sup>th</sup>

Thursday 14<sup>th</sup>

Friday 15<sup>th</sup>

Saturday 16<sup>th</sup>

Sunday 17<sup>th</sup>

## SECTION 7. NEXT OF KIN

*Please give the name, address and telephone number of an emergency contact.*

Name:

Address:

Postcode:

Email address:

Telephone:

#### Data Protection Act 1998

Any data about you will be held in secure conditions with access restrictions. Data will also be used for employment monitoring purposes however all data will be kept anonymous. If you are unsuccessful, your application will be destroyed after 6 months. If you are the successful candidate, relevant information will be taken from this form and used as part of your personal record.

## Declaration

I declare that the information contained in this application is complete and correct. I understand that, if I have knowingly provided false or incomplete information in my application, I may be disqualified or dismissed after appointment.

I consent to the use of this information as outlined above.

Signature:

Date:

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## Return of Application

This form to be returned to: Bronwen Davies, Wales Millennium Centre, Bute Place, CF10 5AL