



Festivities Volunteer Application Form 2018

Contact Information

Full Name:	Click here to enter text.
D.O.B/Age:	Click here to enter text.
Address:	Click here to enter text.
Telephone Number:	Click here to enter text.
Email:	Click here to enter text.

Volunteering Information – Availability

Please tick your availability throughout the Festivities time period:

Festivities Date 2018	Morning	Afternoon	Evening
Friday 15 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday 16 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday 17 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday 18 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday 19 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday 20 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday 21 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday 22 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday 23 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday 24 June	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this form. Please SAVE your completed form and return to Alfie Evans-Hutchison by email at: alfie@portsmouthfestivities.co.uk, or alternatively post to: Volunteers, Portsmouth Festivities, 10 High Street, Old Portsmouth, PO1 2LP

Please tick your particular areas of interest: All of the below
Classical music/services Drama and Theatre Dance Film
Visual Art Outdoor Events (e.g. carnivals) Literature and Talks

Please note we will try to accommodate your interests, but cannot guarantee this will be possible, according to requirements of the festival.

About you

Please give a brief summary of why you would like to volunteer for the Festivities detailing any specific skills or previous experiences that you feel may be relevant (if any):

If offered a place as a festivities steward, I agree to attend the compulsory volunteer training on a date to be confirmed at The Portsmouth Grammar School.

Please tick the box to agree.

Thank you for your interest in volunteering with Portsmouth Festivities 2018.

We are seeking up to 40 volunteers this year. If you agree to us securely holding your details for two years, please tick the box below. We will then be able to contact you regarding volunteer opportunities in the future.

I agree that Portsmouth Festivities can hold my details for up to two years.

Declaration

As a representative of the Portsmouth Festivities, applying for a role as a volunteer, if selected, I hereby agree to abide by the terms and conditions. Further, I will respect all festivities audiences, other artists and organisations participating in the Portsmouth Festivities 2018 programme.

Thank you for completing this form. Please SAVE your completed form and return to Alfie Evans-Hutchison by email at: alfie@portsmouthfestivities.co.uk, or alternatively post to: Volunteers, Portsmouth Festivities, 10 High Street, Old Portsmouth, PO1 2LP

Signature: Click here to enter text.

Print Name: Click here to enter text.

Date: Click here to enter text.

Equal Opportunities in Volunteering

Portsmouth Festivities welcomes applications from all sections of our community. We are committed to ensuring that applicants are considered irrespective of gender, sexual orientation, disability, social class, nationality or ethnic origin. In order to monitor the effectiveness of our Equal Opportunities Policy, we require applicants to provide the information outlined below. This information is confidential and used solely for monitoring purposes.

Disability and Medical Conditions

Do you have a disability e.g. a physical or mental impairment which has a substantial long term effect on your ability to carry out normal day to day activities?

Yes

No

Prefer not to say

Do you have any allergies or Medical conditions we should know about? (Epilepsy, Food allergy)

Yes

No

Prefer not to say

If yes, please explain:

Please ensure that you have read and understood the terms and conditions.

Thank you for completing this form. Please SAVE your completed form and return to Alfie Evans-Hutchison by email at: alfie@portsmouthfestivities.co.uk, or alternatively post to: Volunteers, Portsmouth Festivities, 10 High Street, Old Portsmouth, PO1 2LP