

FEST VOLUNTEER APPLICATION FORM

Please print clearly. Attach your resume and photo to this application.

General Information:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

E-MAIL _____

HOME PHONE _____ WORK _____

MESSAGE/VM _____ CELL/PGR _____

Availability: (Circle all that apply)

The more detailed you are, the more easily we can place you, especially if you are interested in pre-Festival assistance.

WEEKDAYS
M T W Th F

WEEKNIGHTS
M T W Th F

WEEKENDS
Sa Su

Skills and Interests:

Please list any skills that match our AFI needs (Circle all that apply):

Mac PageMaker FileMaker Pro HTML MS Excel
MS Word AV Experience Graphics Experience Writing/Journalism

Foreign Language _____

Please indicate any special training, skills or interests you have and what type of volunteer service you'd like to offer.

Is there anything you are unwilling to do as a volunteer? (Serious or humorous answers are acceptable.)

Additional Information:

Are you under 18 years old? YES NO

PLEASE NOTE: Volunteers under the age of 18 **MUST** have written permission from parent or guardian.

How did you hear about AFI FEST? _____

Your shirt size: S M L XL 2X 3X (circle ONE) No guarantee on shirts; info is collected just in case.

Are you willing to run errands in your vehicle for the staff? YES NO

Are you willing to drive a Festival vehicle during the Festival? YES NO

Do you have a valid California driver's license? YES NO (if yes, # _____)

Do you have any medical conditions or ongoing medical treatment that we should be aware of? YES NO

If yes, please explain: _____

Emergency Contact:

Person to notify AND Phone Number and Alternate Phone Number

Address/City/State/Zip

In the event of a medical emergency, can we provide the name of your insurance/health carrier? YES NO

If yes, please provide all necessary info below:

Release:

I, the undersigned, understand that AFI is in no way responsible for any injury or theft that may occur during the course of my duties as a volunteer for the AFI Los Angeles International Film Festival. Any and all privileges assigned/offered by AFI may be revoked at any time, regardless of cause. I release AFI of any and all damage to persons/vehicles I use during the course of my volunteer services. **I maintain that all of the information listed on this form is correct to the best of my knowledge.**

Volunteer Signature _____ Date _____

Duration:

Today's date: _____ to Festival end (no later than 12/5/04)

Section Below to be Completed by AFI Personnel. Do Not Write Below this Line

Volunteer Schedule AFI FEST VOLUNTEER 2004 Location: ANY AFI FEST LOCATIONS

Signature _____ Date _____
(Program Director)

Signature _____ Date _____
(AFI Representative)

Signature _____ Date _____
(Human Resources Representative)