

2009 International Black Women's Film Festival

Volunteer Application

*Contact Information

First & Last Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

*By providing the above information, your name, address and email address will be added to the International Black Women's Film Festival mailing list.

Do not add my name to the IBWFF mailing list.

Schedule

During which hours are you available for volunteer assignments? (Please check all hours that apply)

___ **Festival Preparation
(Days leading to festival)**

Days Available: Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
Times Available: Mornings Afternoons Evenings Weekends

___ **Friday, July 17, 2009**

___ 5:00 – 6:00 p.m. (setup)
___ 6:00 – 7:00 p.m. (monitoring/floating)
___ 7:00 – 9:00 p.m. (breakdown/cleanup)

___ **Saturday, July 18, 2009**

___ 10:30 – 11:00 a.m. (setup)
___ 11:00 a.m. – 12 noon (monitoring/floating)
___ 12 noon – 4:00 p.m. (breakdown/cleanup)

___ **Sunday, July 19, 2009**

___ 10:30 – 11:00 a.m. (setup)
___ 11:00 a.m. – 12 noon (monitoring/floating)
___ 12 noon – 4:00 p.m. (breakdown/cleanup)

Interests

Tell us in which areas you are interested in volunteering. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Flyer/postcard distribution |
| <input type="checkbox"/> Events | <input type="checkbox"/> Giveaway distribution |
| <input type="checkbox"/> Stuffing envelopes | <input type="checkbox"/> Program distribution / ushering |
| <input type="checkbox"/> Labeling | <input type="checkbox"/> Floating assistance (may require light lifting) |
| <input type="checkbox"/> Door / Collecting Tickets | <input type="checkbox"/> Vendor assistance / floating |
| <input type="checkbox"/> T-shirt/Promotional Booth | <input type="checkbox"/> Word-processing |
| <input type="checkbox"/> Non-alcoholic beverage distribution | <input type="checkbox"/> Data collection & research |
| <input type="checkbox"/> Public/Media relations/"Street Team" | <input type="checkbox"/> Filmmaker relations |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Maintenance/set-up |
| <input type="checkbox"/> Food & Beverage Serving | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Ticketing (Selling tickets) |
| <input type="checkbox"/> Prizes & donations | <input type="checkbox"/> Registration |
| <input type="checkbox"/> Workshops & seminars | <input type="checkbox"/> Transportation |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience. (Optional)

Event/Organization: _____ Date: _____

Your role: _____

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Your role: _____

Event/Organization: _____ Date: _____

Your role: _____

Person(s) to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that **I AM NOT AN EMPLOYEE OF THE INTERNATIONALBLACK WOMEN'S FILM FESTIVAL ("IBWFF")**, and cannot reference the IBWFF as an employer.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please fax your application to:
+01 415-680-2413