



Volunteer Application for New and Returning Volunteers

Name: _____ Date: _____

Please check all areas of skill and/or interest:

- Film Festival Weekend – Assist filmgoers, take tickets, handout & collect ballots
- Theater Box Office – Before and after the Festival; weekday and evening availability, ticket sales and transactions, sell merchandise, tally audience award ballots, computer savvy a bonus
- Filmmaker transportation – During the festival; drive filmmakers around town, run errands, hospitality
- Festival Promotions (throughout the year) – Promote the festival at city activities; handout promotional materials, deliver posters and flyers, assist with monthly movie nights and other festival events throughout the year.
- Operations – Office help in the weeks leading up to the festival

I am available: During the festival weekend (September 26 – 29, 2019)
 Occasionally throughout the year

What special skills or resources to you have?

Why are you volunteering?

Do you need a Gig Harbor Film Festival T-Shirt? Yes No
Shirt Size _____ (Unisex S, M, L, XL, XXL)

Please return completed form to: Gig Harbor Film Festival, P.O. Box 127, Gig Harbor WA 98335
or contact our Film Festival office (253) 851-3456. www.gigharborfilm.org



Volunteer Application for New and Returning Volunteers

Volunteer Acknowledgement and Release

I, the undersigned, recognize and accept that I am a volunteer for the Gig Harbor Film Festival (GHFF), that I am not an employee of or independent contractor for the GHFF and that I acknowledge I will not receive any kind of compensation or any personal liability, health or life insurance, or other benefits. I agree that the opportunity to volunteer is a privilege, and I agree to not consume drugs or alcoholic beverages immediately before or during any volunteer work I perform, and, I acknowledge that my opportunity to volunteer for GHFF may be terminated at any time without cause by the GHFF. I further hereby release GHFF and its officers, directors, and employees from any and all claims and liability arising out of our relating to my volunteer work for GHFF.

Signature: _____

Print Name: _____

Date: _____

Address: _____

Telephone: _____ **Cell Phone:** _____

E-mail: _____

Emergency Contact: _____

Telephone: _____

____ If you are a returning volunteer, check here if there is a change in e-mail, phone, or address (from prior).