

Volunteer Application

10TH ANNUAL SAN FRANCISCO BLACK FILM FESTIVAL

June 4 to 8 and June 11 to 15, 2008

Please PRINT all information on this application
and mail to:

SFBFF Attn: Volunteer Coordinator
P.O. Box 15490
San Francisco, CA 94115-5490
or

fax it to: (415) 346-9046

For more information
call 415.346.0199 or 415.771.9271

THANK YOU!

// PERSONAL INFORMATION (Please PRINT)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Number (_____) _____ Work Number (_____) _____

Fax Number (_____) _____

E-mail _____

Emergency contact: _____ Phone Number (_____) _____

// EMPLOYMENT INFORMATION (OPTIONAL)

In order to assign volunteers to the appropriate department,
we review your employment history and skills to determine
the most suitable match.

Occupation _____

Present Employer _____

Nature of Duties _____

// SKILLS

Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Writing | Filmography |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Desktop publishing | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Answering telephones | <input type="checkbox"/> Graphic Design / Art | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Desktop publishing | <input type="checkbox"/> Ticketing | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Cashier experience | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Event Coordination |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Photography / | |
| <input type="checkbox"/> Computer (PC or MAC) Software: _____ | | |
| Other: _____ | | |

// PROGRAM(S) FOR WHICH YOU ARE INTERESTED IN VOLUNTEERING (circle the times that apply)

PRE-FESTIVAL (Festival office) days and hours available:

- April** Day/Time _____
- May** Day/Time _____
- June** Day/Time _____

FESTIVAL (various venues) June 4-8 and June 11-, 2008

Saturday, June 7, 2008 Urban Kidz Film Festival	9 A.M. - 6 P.M.		
Wednesday, June 4	2 P.M. - 6 P.M.	6 P.M. - Closing	
Thursday, June 5	2 P.M. - 6 P.M.	6 P.M. - Closing	
Friday, June 6	11 A.M. - 3 P.M.	3 P.M. - 7 P.M.	7 P.M. - Closing
Saturday, June 7	10 A.M. - 2 P.M.	2 P.M. - 6 P.M.	6 P.M. - Closing
Sunday, June 8	10 A.M. - 2 P.M.	2 P.M. - 6 P.M.	6 P.M. - Closing
Wednesday, June 11	2 P.M. - 6 P.M.	6 P.M. - Closing	
Thursday, June 12	2 P.M. - 6 P.M.	6 P.M. - Closing	
Friday, June 13	11 A.M. - 3 P.M.	3 P.M. - 7 P.M.	7 P.M. - Closing
Saturday, June 14	10 A.M. - 2 P.M.	2 P.M. - 6 P.M.	6 P.M. - Closing
Sunday, June 15	10 A.M. - 2 P.M.	2 P.M. - 6 P.M.	6 P.M. - Closing

ACTIVITIES FOR WHICH YOU ARE INTERESTED IN VOLUNTEERING:

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative support | <input type="checkbox"/> Office clerical support | <input type="checkbox"/> Technical operations |
| <input type="checkbox"/> Filmmaker relations | <input type="checkbox"/> Prizes & donations | <input type="checkbox"/> Ticketing |
| <input type="checkbox"/> General operations | <input type="checkbox"/> Public/Media relations | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Registration | <input type="checkbox"/> Workshops & seminars |
| <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Special events | |
| <input type="checkbox"/> Maintenance/set-up | <input type="checkbox"/> Sponsorship | |

DESCRIBE ANY PREVIOUS EXPERIENCE WORKING WITH FESTIVALS
(NOT REQUIRED TO BE CONSIDERED):

Are you at least 21 years of age? Yes _____

No* _____

*if not, parental permission and signature are required.

As a volunteer at the San Francisco Black Film Festival, I understand that I am not an employee and that I will not receive any compensation for the donation of my time and work performed for the event. I hereby acknowledge that my services shall be rendered solely on a volunteer basis. Furthermore, I understand that San Francisco Black Film Festival does not cover me by any insurance such as worker's compensation, etc.

in the event of illness or injury. I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Signature _____ Date _____