



VOLUNTEER APPLICATION

Please electronically complete application. Email complete applications to volunteer@ffocol.com

NAME:			AGE:		DATE:	
STREET ADDRESS:						
CITY:			STATE:		ZIP:	
PHONE NUMBER:			ALTERNATE PHONE:			
EMERGENCY CONTACT (NAME/NUMBER):						
EMAIL:				GENDER: <input type="checkbox"/> M <input type="checkbox"/> F		
T-SHIRT SIZE (S-XL):						
ARE YOU CURRENTLY A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO						
IF YES, PLEASE LIST SCHOOL:						
EMPLOYEMENT HISTORY FFOCOL considers employment history skills in matching volunteers to the right department positions.						
PRESENT EMPLOYER:						
START DATE:						
STREET ADDRESS:						
CITY:			STATE:		ZIP:	
POSITION:						
MAJOR RESPONSIBILITIES:						
PREVIOUS EMPLOYER:						
START DATE:			END DATE:			
STREET ADDRESS:						
CITY:			STATE:		ZIP:	
POSITION:						
MAJOR RESPONSIBILITIES:						
REFERENCES (NAME, POSITION, PHONE):						
REFERENCE 1:						
REFERENCE 2:						



VOLUNTEER APPLICATION (CONTINUED)

QUESTIONS:

HAVE YOU HAD PREVIOUS EXPERIENCE WORKING ON A LARGE-SCALE EVENT?
IF YES, WHAT EVENT? HOW MANY YEARS? IN WHAT CAPACITY?

WHAT SKILLS DO YOU BRING THAT WOULD BE USEFUL TO FFOCOL?

WHAT COMPUTER PROGRAMS/SOFTWARE ARE YOU FAMILIAR WITH?

ARE THERE ANY OTHER SKILLS OR EXPERIENCES YOU THINK ARE IMPORTANT FOR US TO KNOW?

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO

WOULD YOU BE WILLING TO USE YOUR CAR FOR VOLUNTEER ACTIVITIES? YES NO

WHAT INTERESTS YOU ABOUT VOLUNTEERING WITH FFOCOL?

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, PLEASE EXPLAIN.

ARE YOU AN ASPIRING WRITER/ACTOR/FILMMAKER? IF SO, PLEASE EXPLAIN.

WHAT WAS THE LAST GREAT FILM YOU SAW?

PLEASE READ, SIGN & VERIFY:

I understand that as a volunteer I receive no compensation for my donation of time and work performed for The Film Festival of Columbus (FFOCOL). I understand FFOCOL does not provide insurance or coverage of any kind in the event of an injury or illness. I certify that the information contained in this application is true and I agree to have any information verified by FFOCOL.

Please include an electronic signature to verify this electronic document.

If you do not have an electronic signature, please check this box, and include a date below.

SIGNATURE: _____ DATE: _____