

**PAN AFRICAN FILM AND ARTS FESTIVAL
VOLUNTEER APPLICATION 2018
February 8-19, 2018**

PERSONAL INFORMATION (PLEASE TYPE OR PRINT CLEARLY) Male____ Female ____
 Name _____ Email _____
 Address _____
 City, State, Zip Code _____
 Phone _____ Cell _____ Evening _____
 Emergency Contact _____

T-Shirt size: Small [] Medium [] Large [] XL [] XXL [] XXXL []

Area(s) of Interest (Check as many as you like, but all departments may not be available.)

- | | |
|---|--|
| <input type="checkbox"/> Hospitality, Registration, Press Check-in | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> StudentFest | <input type="checkbox"/> Filmmakers Relations |
| <input type="checkbox"/> Catering | <input type="checkbox"/> ChildrensFest(8:30am to 1:00pm) |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Floater |
| <input type="checkbox"/> Labor, Set-up & Breakdown | <input type="checkbox"/> Senior Connections |
| <input type="checkbox"/> Workshop, Seminars, Panels | <input type="checkbox"/> General Operations |
| <input type="checkbox"/> Sponsorships, Donations Compliance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Theater Ticket Taker | |
| <input type="checkbox"/> Transportation (Valid Driver License Required) | |

Describe any previous volunteer, event or festival experience, including with PAFF.

February 8-19, 2018 AVAILABILITY (Select days you are available, you will not be scheduled if the shift is left blank.) SHIFTS MAY VARY ON WEEKENDS

Day & Date	Availability
Thursday, Feb 8	
Friday, Feb 9	
Saturday, Feb 10	
Sunday, Feb 11	
Monday, Feb 12	
Tuesday, Feb 13	
Wednesday, Feb 14	
Thursday, Feb 15	
Friday, Feb 16	
Saturday, Feb 17	
Sunday, Feb 18	
Monday, Feb 19	

OFFICE SUPPORT will be needed prior to the festival. Please indicate below your availability for pre-festival office hours. Check any day you are available.

Day of the Week	Availability
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Other comments regarding your availability:

Are you at least 18 years of age? Yes [] No [] If not, parent/guardian permission and signature is required.

As a volunteer of the Pan African Film and Arts 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 the Pan African Film and Arts 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 _____

Parent/Guardian Signature _____ Date _____

Scan and return completed form to **volunteer@paff.org** or fax to (310) 337-4736. You may also bring the form to the PAFF office at 6820 La Tijera Blvd., Suite 200, Los Angeles, CA 90045. For questions call (310) 337-4737.

For additional information regarding PAFF, see www.paff.org or email info@PAFF.org
 Volunteer info email volunteer@paff.org

DO NOT WRITE IN THIS SPACE – FOR PAFF USE ONLY

ASSIGNMENT(S)

REMARKS	
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