BronzeLens Film Festival of Atlanta Volunteer Application



Contact Information:	
Name	
Cell Phone Number	
E-Mail Address	
Home Phone	
Work Phone	

Availability:

ORIENTATION:

Can you attend Volunteer O	rientation on Wednesday	, November 9th at 11:00am	n? Yes or No
FESTIVAL:			
10-Nov-11	11-Nov-11	12-Nov-11	13-Nov-11
Thursday morning	Friday morning	Saturday morning	Sunday morning
Thursday afternoon	Friday afternoon	Saturday afternoon	Sunday afternoon
Thursday evening	Friday evening	Saturday evening	Sunday evening

Morning = 7:30am-12:30pm, **Afternoon** = 12:30pm-5:30pm, **Evening** = 5:30pm-10:30pm

Areas of Interest:	
First Preference:	Second Preference:
Workshops	Workshops
Master Class	Master Class
Registration	Registration
Public Relations	Public Relations
Welcome Reception	Welcome Reception
Screenings	Screenings
Woman's Super Star Luncheon	Woman's Super Star Luncheon
Award's Ceremony	Award's Ceremony

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.			
Person to Notify in Case of Emergency:			
Name			
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.			
Name (printed)			
Signature			
Date			

Our Policy:

It is the policy of BronzeLens Film Festival of Atlanta 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.