Thank you for applying to volunteer your time! Volunteers are so important to us - without your support the Festival would not be the success that it is. Please take a moment to fill out this application, indicating where and when you would like to donate your time.

Please send your completed agreement to [volunteer@hamptonsfilmfest.org](mailto:volunteer@hamptonsfilmfest.org)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please rank the following volunteer assignments by preference with 1 being your first choice and 6 being your last:

\_\_\_\_ United Artists Theater (EH) \_\_\_\_ Guild Hall (EH) \_\_\_\_ Administrative Office (EH)

\_\_\_\_ Southampton Regal Theater \_\_\_\_ Sag Harbor Cinema/Bay Street \_\_\_\_ Special Events (must be over 21)

*Please note we cannot guarantee that you will be assigned to your preferred location but we will make best efforts to accommodate. Additionally, all volunteers must attend an orientation session prior to the start of the Festival.*

2. Please check each shift you are available to volunteer during the festival:

*In exchange for your time, and as thanks for your support, you will receive a HIFF General Screening Voucher for every four hours volunteered. General Screening Vouchers may be redeemed for any regular film screenings during the 2015 festival (while tickets last).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SHIFT | THURS 10/8 | FRI 10/9 | SAT 10/10 | SUN 10/11 | MON 10/12 |
| 8:30 AM - 12:30PM |  |  |  |  |  |
| 12:00 PM - 4:00 PM |  |  |  |  |  |
| 3:30 PM - 7:30 PM |  |  |  |  |  |
| 7:00 PM - 11:00 PM |  |  |  |  |  |
| 10:30 PM - 1:00 AM |  |  |  |  |  |

3. Pre-festival: Are you available to volunteer prior to Oct 8? If so, please list the dates and times you are available:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are you a student? If so, are you in high school or college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are you interested in volunteering full-time? If not, how many shifts would you like to be assigned? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Person to notify in case of emergency (NAME + PHONE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. RELEASE: I, the undersigned, understand that HIFF is in no way responsible for any injury or theft that may occur during the course of my duties as a volunteer. I release HIFF of responsibility for any and all damage to persons or property I use during the course of my volunteer services.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature Date