VOLUNTEER AGREEMENT

Thank you for volunteering for the Hamptons International Film Festival (HIFF). Without your support the Festival would not be a success. Please note all volunteers must attend an orientation session prior to the start of the Festival. In exchange, as a thank you for your support, for every four hours volunteered you will receive a voucher for a HIFF screening (some restrictions apply.) Please send your agreement form to [volunteer@hamptonsfilmfest.org](mailto:volunteer@hamptonsfilmfest.org)

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

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER (easiest to reach you): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(1) Please rank your choices of theaters/venues with 1 being your first choice and 7 your last:

UA E. Hampton\_\_ Guild Hall\_\_ UA Southampton\_\_ Sag Harbor\_\_ Montauk\_\_

Admin Office (E. Hampton) \_\_ Special Events\_\_(must be over 21 for events)

(2) Please check each shift you are available to volunteer:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | THURS  10/9 | FRI  10/10 | SAT  10/11 | SUN  10/12 | MON  10/13 |
| 9:00 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) Are you available before October 3rd, 2014? If so, when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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?

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

(6) Person to notify in case of emergency:

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

Name Relation 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