

HAMPTONS INTERNATIONAL FILM FESTIVAL

OCTOBER 4 – 8, 2012

VOLUNTEER AGREEMENT

Thank you for volunteering for the Hamptons International Film Festival (HIFF). Without you the Festival would not be a success. All volunteers must attend an orientation session where you will get an overview of the Festival and the various duties volunteers perform before and during 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.)

NAME: _____

E-MAIL ADDRESS: _____

PHONE NUMBER (easiest to reach you): _____

(1) Please rank your choices of theaters/venues in which you would prefer to volunteer (1-6):

UA E. Hampton___ Guild Hall___ UA Southampton___ Sag Harbor___ Montauk___

Admin Office (E. Hampton)___

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

	THURS 10/04	FRI 10/05	SAT 10/06	SUN 10/07	MON 10/08
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) Are you available before October 4, 2012? If so, when _____

(4) Please indicate if you have working knowledge of the following:

Microsoft Word___ Excel___ Multi-line Phones___ Photoshop___ FAX___ Copier___

Other relevant office skills (please list): _____

(5) Do you have any physical restrictions that we should know about? _____

(6) Please rank choice of volunteer duties (1-3):

Administration___ Hospitality___ Theaters___

(7) Person to notify in case of emergency:

Name Relation Phone

(8) 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

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