

If you have not yet registered for access to our online scheduling system, please complete the following form and return to a projectionist on duty.

** required field*

APPLICANT INFORMATION

* First Name	<input type="text"/>	* State/Province	<input type="text"/>
* Last Name	<input type="text"/>	* Zip/Postal Code	<input type="text"/>
* Address	<input type="text"/>	* Email	<input type="text"/>
* City	<input type="text"/>	* Primary/Home Phone	<input type="text"/>

ADDITIONAL INFORMATION

Why are you interested in volunteering?

Are you 18 or older?

Yes No

Are you 21 or older?

Yes No

Availability: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Mornings (Mon-Fri) | <input type="checkbox"/> Mornings (Sat-Sun) |
| <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Afternoons (Sat-Sun) |
| <input type="checkbox"/> Evenings (Mon-Fri) | <input type="checkbox"/> Evenings (Sun) |

Which of the following extra skills or interests do you have?

- | | |
|---|---|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> IT | <input type="checkbox"/> Lifting |
| <input type="checkbox"/> Word | <input type="checkbox"/> General Maintenance/Repair |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Cashiering Experience |
| <input type="checkbox"/> Web Design | |

Please tell us about any other specific skills you might have or would like to use while volunteering?

Do you know anyone who volunteers?

Yes No

If so, who?

Do you feel comfortable handling money/working on a register?

Yes No

Do you have a current food handlers permit?

Yes No

Food Handlers Permit Expiration Date

____/____/____

Department Interests:

- Office Support
- Special Events
- Box Office
- Anything

Do you have a current liquor license?

Yes No

Liquor License Expiration Date

____/____/____

Please describe your prior volunteer experiences (include organization names and dates of service)

Are you more interested in volunteering at the:

- Pickford
- Limelight
- Both

Emergency Contact Information

* Emergency Contact Name

* Emergency Contact Phone Number

Emergency Notes/Relationship, Instructions, etc,

Thank you for your interest in Volunteering at Pickford Film Center!