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.

**APPLICANT INFORMATION**

* required field

- **First Name**
- **Last Name**
- **Address**
- **City**
- **State/Province**
- **Zip/Postal Code**
- **Email**
- **Primary/Home Phone**

**ADDITIONAL INFORMATION**

Why are you interested in volunteering?

- Customer Service
- Data Entry
- IT
- General Maintenance/Repair
- Word
- Lifting
- Excel
- Web Design
- Cashiering Experience

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

- Experience

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

Are you 18 or older?

- Yes  
- No

Are you 21 or older?

- Yes  
- No

Availability: Check all that apply

- Mornings (Mon-Fri)
- Mornings (Sat-Sun)
- Afternoons (Mon-Fri)
- Afternoons (Sat-Sun)
- Evenings (Mon-Fri)
- Evenings (Sun)
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!