



Destiny City Film Festival Volunteer Form

August 25 - 27, 2017

General Information

First name: _____ Last name: _____

Address: _____ City: _____

Zip code: _____ Phone: _____

Email address: _____

Date of birth: _____ Preferred method of contact: Email Phone

Have you volunteered for a film festival before? _____ Have you attended a film festival before? _____

Emergency Contact

First name: _____ Last name: _____

Phone: _____ Relationship: _____

Availability

Prior to the festival

August 25 Times: _____

August 26 Times: _____

August 27 Times: _____

Experience

Events Computers Filmmaking Writing Design

Other/comments: _____

Can you lift more than 25 pounds? _____

Transportation

Do you have a valid driver's license? _____ Do you have a car? _____ Car insurance? _____

How did you hear about us?

Why do you want to volunteer with the Destiny City Film Festival?

Areas of Interest

- Box Office Program/Poster Distribution Will Call/Merchandise Table On Call
 Transportation (Must be 25+ years old and have a valid license and insurance) Anything!

What is your favorite movie? _____

Liability disclaimer

I understand that as a volunteer I receive no compensation for my donation of time and work performed for the Destiny City Film Festival (DCFF). I understand that DCFF does not provide insurance or coverage of any kind in the event of injury or illness. I certify that the information contained in this application is true and accurate.

Signature of Applicant

Date

Please email this form to: volunteer@destinycityfilmfestival.com, or mail to: PO Box 7951, Tacoma, WA 98417

Thank you for supporting Tacoma arts!