

Volunteer Application

Santa Barbara African Heritage Film Series

9th Annual, February 2008

Please **PRINT** all information on this application. Mail to:

P.O. Box 23212
Santa Barbara, CA 93121

For more information: www.sbahfs.org or (805) 899-1160

Personal Information (Please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Number (____) _____

Emergency Contact _____ Phone Number(____) _____

Volunteer Skills / Interest

Check all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Desktop publishing | <input type="checkbox"/> Guest Artists/Relations | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Answering Phone | <input type="checkbox"/> Graphic Design Art | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Fundraising / Sponsorship | <input type="checkbox"/> Web Master |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Photography / Videography | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Liaison | <input type="checkbox"/> Business / Organization | <input type="checkbox"/> School |
| <input type="checkbox"/> Event Chairperson | <input type="checkbox"/> Kidz Day | <input type="checkbox"/> Church |
| | <input type="checkbox"/> Closing Reception | <input type="checkbox"/> Teen Day |
| | | <input type="checkbox"/> Opening Reception |
| <input type="checkbox"/> Computer (PC or Mac) | Software _____ | |

Continue on back

Time Currently Available

Sept. Days / Time _____

Oct. Day / Time _____

Nov. Days / Time _____

Dec Day / Time _____

Jan. Days / Time _____

Feb. Day / Time _____

As a volunteer at the Santa Barbara African Heritage Film Series, I understand that I am not an employee and that I will not receive compensation for the donation of my time and work performed for the event. I hereby acknowledge that my services shall be rendered solely on a volunteer basis. Furthermore, I understand that Santa Barbara African Heritage Film Series does not cover me by any insurance such as worker's compensation, etc. in the event of illness or injury. I hereby certify that the information contained in this application is true and correct.

Signature _____

Date _____

Part II

Volunteers Under 18 Years Old

Age _____

Birth date _____

To Be Completed by Parent/s or Guardian of Applicant

I am the parent/Guardian of Applicant, and I give permission for my child to volunteer for the **Santa Barbara African Heritage Film Series.**

Parent/Guardian Signature _____

Date _____