

INDIAN FILM FESTIVAL OF LOS ANGELES 2010

Tuesday, April 20th to Sunday, April 25th

VOLUNTEER APPLICATION

Contact Information:

Last Name: _____ First Name: _____

Address: _____

City _____ Zip Code _____

Phone: Day () _____ - _____ Evening () _____ - _____

Cell () _____ - _____

e-mail address _____

Have you volunteered for other film festivals? Yes _____ No _____

If yes, festival names(s) and date(s)

Availability:

Weekdays _____ hours _____

Weekends _____ hours _____

Are you under 21 years of age? _____

Do you have a driver's license? Yes _____ No _____ Type of car _____

Would you be able to drive for the festival? Yes _____ No _____

You will be required to show proof of liability insurance

Areas of Interest:

Theater _____ Galas _____ Sponsorship _____ Publicity _____

Transportation _____ Marketing _____ Ent/ment _____ Please indicate: _____

Please indicate any special training, skills or interests you have and attach your resume:

Emergency Contact Information: _____

Name of person to notify in case of an emergency: _____

Phone Number: _____

Release: I, the undersigned, understand that the Indian Film Festival of Los Angeles (IFFLA) in no way responsible for any injury or theft that may occur during the course of my duties as a volunteer. I release IFFLA of responsibility for any and all damage to persons/vehicles I use during the course of my volunteer services. I have read and understand the Volunteer Guidelines.

Signature: _____

Date: _____

Please email to volunteers@indianfilmfestival.org or call Shannon Valenzuela (310) 749-7911

