

**INDIAN FILM FESTIVAL OF LOS ANGELES 2012**  
Tuesday, April 10th to Sunday, April 15th  
**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 \_\_\_\_\_ Operations: \_\_\_\_\_

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](mailto:volunteers@indianfilmfestival.org) or call Shannon Valenzuela (310) 749-7911