



VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

DATE:

Last Name _____ First Name _____

Address _____ City _____ Prov. _____ Postal Code _____

Email _____ Home Tel _____

Work Tel _____ Cell _____ Fax _____

Have you volunteered for the OFFS before? Yes () No ()

If so, which years? _____ What position(s) have you done?

How did you hear about volunteering for OFFS? (e.g. An ad, radio station, word of mouth, Internet)

Do you have any medical conditions or special needs we should know about? Yes () No () If yes, please explain

Under BC Film Classification, you must be 18 years or older to attend films at the film festival.

Are you 18 years or older? Yes () No ()

VOLUNTEER TEAMS

Please note that not all volunteer jobs are listed below. Complete jobs and descriptions will be available during orientation sessions in March and April. Select the 3 teams in which you are most interested. Number them from 1 to 3, 1 being your first choice.

- Office:** reception, telephone, data entry, general office assistance
- Venues:** information, ushering, line-up/door, in-person survey
- Box Office:** membership sales, ticket sales, information
- Film:** projection, film clerical, camera operation, photography
- Décor:** window display design, interior design, venue decoration, set-up
- Transportation:** chauffeur/driving, courier/delivery, transportation coordination
- Distribution:** distribution coordination, runner, poster distribution & follow-up
- Hospitality:** food/drink service, set-up/take down

Are you interested in coordinating a team of volunteers? Yes () No ()

If your preferred teams are full, would you be willing to be on another team? Yes () No ()

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AVAILABILITY

Comments on availability: _____

TELL US ABOUT YOURSELF

What do you bring to the festival? This may include relevant skills, areas of expertise, other volunteer experiences, and/or things you are passionate about.

- _____
- _____
- _____
- _____

REFERENCES

Name _____ Relation to you _____ Daytime phone # _____
Name _____ Relation to you _____ Daytime phone # _____

EMERGENCY CONTACT

Name _____ Relation to you _____ Daytime phone # _____

Some positions require a criminal record check.

Do we have your permission to perform a criminal record check? Yes () No ()

AGE GROUP

15-19() 25-29() 35-39() 45-49() 55-59() 65+() 20-24() 30-34()
40-44() 50-54() 60-64()

What area of the Okanagan Valley do you live in?

Are you interested in contributing to our distribution efforts? (i.e. posters & programs) Yes () No () If Yes please list the areas of town or Valley you could help in:

TRANSPORTATION

- Do you have a valid BC driver's license? Yes () No ()
- Do you have a car that you could use? Yes () No ()
- Do you have a truck that you could use? Yes () No ()
- Do you have a bicycle that you could use? Yes () No ()
- Are you a permanent resident of Kelowna? Yes () No ()
- Are you a permanent resident of West Kelowna? Yes () No ()

Questions? Contact Us Phone: 250.868-1003 Fax: 250.868-1003 Email: volunteer@okanaganfilmfestival.com