

## **VOLUNTEER APPLICATION FORM**

Name:	Date:	
Address:		
City:	State: Zip:	
Home Phone:	Cell:	
Email:	Best way to contact you:	-
Have you worked for the MJFF or other Festiv If so, when and which festivals and in what ca		
AVAILIBILTY:		
During the festival (February 28-March 7)		
	Times:	
Evenings/Weekends:	Times:	
All-Year Round:		
Days:	Times:	
Evenings/Weekends:		

## **AREAS OF INTEREST:**

- o Reaching out to community organizations to partner and/or sponsor
- o Promoting films to potential audiences via email and phone
- o Assisting with fundraising and maintaining donor relationships
- o Distributing marketing materials to various locations throughout the Twin Cities
- Ushering during screenings
- Volunteer Coordinator and House Manager during screening
- o Helping with receptions and special events logistics
- Assisting Film Festival staff with administrative tasks. I.e. tracking films, maintaining film data base and archive, special projects, mailings etc.
- Assisting with Marketing and Publicity

## **PLEASE CHECK ALL SKILLS:**

- o Computer:
  - o PC
  - $\circ$  MAC
- o Microsoft Word
- Excel
- o Access
- Powerpoint
- o InDesign

Social Media Internet Research Marketing & Publicity Community Outreach Administrative **Event Planning Donor Relations** Volunteer Coordination 0 House and/or Stage Management Technical 0 **Box Office**  $\circ$ Concessions Please explain in more detail if needed: Other Skills: **PHOTO RELEASE:**  Yes, it is ok to have my photo taken and for it to be used for marketing & promotional materials o No, I would prefer not have my photo taken nor used for marketing & promotional materials **EMERGENCY CONTACT INFORMATION:** Name: \_\_\_\_\_ Date: \_\_\_\_\_

RELEASE

I, the undersigned, understand that the MJFF is in no way responsible for any injury or theft that may occur during the course of my duties as a volunteer. I release the MJFF of responsibility for any and all damage to vehicles I use during the course of my volunteer services.

6' '	5 .
Signature:	Date:

City: \_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_

Please fill out the volunteer application form above and fax it to 952.381.3401 or email it to <a href="mailto:film@sabesjcc.org">film@sabesjcc.org</a> or mail it to our offices and please address it to: Minneapolis Jewish Film Festival, Sabes Jewish Community Center, 4330 S. Cedar Lake Road, Minneapolis, MN 55416