



2011 ST KILDA FILM FESTIVAL CALL FOR VOLUNTEERS

The 28th St Kilda Film Festival is fast approaching and we are looking for a number of enthusiastic, reliable and committed volunteers to assist at the 2011 St Kilda Film Festival.

Responsibilities will include (not limited to):

- Ushering
- Ticketing
- Market research
- Event assistance
- General administration

In return for your time and expertise, you will receive a film festival t shirt and the **Filmbuff's Feast** – a pass that will provide you with entry to the majority of the St Kilda Film Festival short film screenings.

The 2011 St Kilda Film Festival runs from Tuesday 24th – Sunday 29th May. Sessions occur during the evenings only on weekdays and during daytime and evenings on the final weekend of the festival. Volunteers will be required to work shifts in approximately 5hr blocks however this may vary.

Please complete this form and submit to:

By post: **Volunteer Application**
St Kilda Film Festival
Private Bag No 3
PO St Kilda, 3182

By E-mail: filmfest@portphillip.vic.gov.au

PERSONAL DETAILS

Full Name: _____

Address: _____

Suburb: _____ Post code: _____

Telephone: (Mob): _____ (Other) _____

Email: _____

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EXPERIENCE AND QUALIFICATIONS

Previous Training or Qualifications:

Are you currently employed?

Yes ☐ No ☐

Company Name:

Your Position:

Contact Name:

Are you currently completing tertiary education?

Yes ☐ No ☐

If yes, please specify:

What is your previous volunteer experience?

Do you speak any languages other than English?

Yes ☐ No ☐

If yes, please specify:

Please elaborate on any of the above including skills, attributes, areas of interest or experience which you feel are relevant to your application.

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GENERAL DETAILS

Please indicate your availability:

☐ **St Kilda Film Festival Launch WEDNESDAY 4 MAY 2011**

☐ **St Kilda Film Festival TUESDAY 24 MAY – SUNDAY 29 MAY 2011**

Please note that if your volunteer application is successful, you will be required to specify dates and times of your availability with reference to particular time blocks.

TSHIRT SIZE: ☐ XS ☐ SML ☐ MED ☐ LGE ☐ XL ☐ 2XL

Drivers Licence? Yes ☐ No ☐

Do you have your own transport? Yes ☐ No ☐

Person to contact in case of an emergency:

Name: _____

Street: _____

Suburb: **Post code:**

Phone Number: (Mob) _____ (Other): _____

Relationship to you:

Are you currently taking medication of which we should be aware? Yes ☐ No ☐

If so, please give relevant information:

Do you have any medical condition which could restrict you in any activities that we may ask you to do?

Yes ☐ No ☐

If so, please give relevant information:

Declaration:

I, the undersigned, declare that all information I have given to the City of Port Phillip is true and correct.

Name: _____ **Signature:** _____ **Date:** _____