



Volunteer Application

Name: _____

Phone #: _____ E-mail Address: _____

Emergency Contact Information:

What is your availability like? (Please mark N/A on days of the week not available.)

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____

Why do you want to volunteer for ASoF?

How do you want to be involved at ASoF? Volunteer opportunities include: event coordination, video production, office administration, fundraising, grant writing, other (please explain how you want to be involved).

Do you want to be added to a list of potential extras (actors/actresses) for student films? Students will contact you if needed for sets.

Have you ever worked or volunteered at a nonprofit organization? If so, where?
