

FESTIVAL VOLUNTEER APPLICATION FORM 2024

PERSONAL INFORMATION	DATE:	
Name:	Phone:	
Address:	Cell:	
City:	Alt Number:	
State:	Email:	
Zip:	Website:	
Current Employer:		
Job Title:		
Hours Available Per Month:	<u> </u>	
How did you hear about us:		
Church you attend:		
Special Skills and Training:		
Interest in helping:		
Admin Volunteer (Pre/Post Festival Coordinati		
Festival Volunteer (Ticket Desk, Hospitality, Us Thursday 9/12/2024 (setup)	Friday 9/13/2024	Saturday 9/14/24
	Fludy 5/15/2024	Saturuay 9/14/24
List Available Times:		
Are you involved in your church or other minis	stries? If so please describe:	
Please list up to three references (one professi		eader if affiliated with a
church.) We need name, title and phone numb	ier.	
Professional Reference		
Personal Reference		
Pastor/Ministry Leader		
Signature		
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PLEASE CONTINUE TO PAGE 2 - RELEASE AND WAIVER...

Volunteer Liability Release Waiver



In consideration of my desire to serve as a volunteer for the 168 Film Festival, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary activity of any nature, including the use of equipment and facilities of Trilith Studios, Town Stage, Shipyards or facilities the activities of the 168 Film Festival is taking place.

Further, I, for myself and my heir, executors, administrators, and assigns, hereby release, waive and discharge 168 Hour Film Project and Festival and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason or arising in connection with such volunteer relief efforts or my participation herein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Georgia, and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Volunteer Signature	Print name	Date
lf volunteer is a minor		
Parent/Guardian Signature	Parent/Guardian Name	
 Relationship to Minor	 Minor's age	

This is a fill-in PDF form. Enter your responses, then PRINT and SIGN, then SCAN or photograph and EMAIL to **volunteer@168film.com** If you cannot fill in form on a Mac, open with Adobe Reader.

If you do not have Adobe Reader, print form, fill out by hand, sign, and then scan (or photograph) and send via email to **volunteer@168rilm.com**.