



## REELING VOLUNTEER INFO SHEET

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

### TELL US ABOUT YOURSELF

Occupation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Volunteer Experience/Community Activism: \_\_\_\_\_

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I have experience or skills in the following fields (check all that apply):

- Graphic Design                       Bartending                       Writing
- Public Relations                       Film/Video Production/Tech                       Management
- Web Design and Maintenance                       Fundraising                       Driving/Delivery
- Special Events Planning                       Entertaining                       Photography
- Clerical Work                       Marketing                       Box Office

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### AVAILABILITY:

- Weekday Business Hours (10:00 am to 6:00 pm)
- Weekday Evenings (6:00 pm to 9:00 pm)
- Weekends Time Available: \_\_\_\_\_

Please indicate days of the week you're available:

- MONDAY    TUESDAY    WEDNESDAY    THURSDAY    FRIDAY    SATURDAY    SUNDAY    ALL

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**VOLUNTEER INTERESTS**

**I have interest in the following (check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> General Distribution     | <input type="checkbox"/> Gift Bag Stuffing          | <input type="checkbox"/> Labeling         |
| <input type="checkbox"/> Special Event - Planning | <input type="checkbox"/> Special Event – Set Up     | <input type="checkbox"/> Graphic Design   |
| <input type="checkbox"/> Working - Special Event  | <input type="checkbox"/> Special Event – Break Down | <input type="checkbox"/> Web Design       |
| <input type="checkbox"/> Fundraising              | <input type="checkbox"/> Volunteer Coordination     | <input type="checkbox"/> Writing          |
| <input type="checkbox"/> Special Events Planning  | <input type="checkbox"/> Hospitality Transportation | <input type="checkbox"/> Box Office       |
| <input type="checkbox"/> Soliciting Donations     | <input type="checkbox"/> Hospitality Housing        | <input type="checkbox"/> Ushering         |
| <input type="checkbox"/> Membership Committee     | <input type="checkbox"/> Silent Auction – Callers   | <input type="checkbox"/> Clerical         |
| <input type="checkbox"/> Silent Auction – Pick up | <input type="checkbox"/> Silent Auction – Photos    | <input type="checkbox"/> Tablers          |
| <input type="checkbox"/> Silent Auction – Writers | <input type="checkbox"/> Silent Auction – Set Up    | <input type="checkbox"/> Community Criers |

Do you have access to a vehicle to use for festival work?       YES       NO

Are you able to drive visiting artists to/from airports/hotels?       YES       NO

**Can you recommend businesses to donate products/services? List below**  
(This may include graphic design services, printing, food, drink, party venue, travel services, hotel rooms, media advertising, public relations, silent auction items, flowers, event decorations/design, local transportation, entertainment, tech services.)

**Organization/Business** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_ **Contact E-mail:** \_\_\_\_\_

**Product or service:** \_\_\_\_\_

**Organization/Business** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_ **Contact E-mail:** \_\_\_\_\_

**Product or service:** \_\_\_\_\_

**Organization/Business** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_ **Contact E-mail:** \_\_\_\_\_

**Product or service:** \_\_\_\_\_

Are you willing to contact businesses on our behalf?       YES       NO

**Do you have any suggestions for resources that may enhance Reeling?**

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**Mail Application to:** Reeling - 5243 N. Clark Street, Chicago IL 60640 or **Fax to** 773-293-0575  
or **email** [volunteer4reeling@chicagofilmakers.org](mailto:volunteer4reeling@chicagofilmakers.org)

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