## BRYN MAWR FILM INSTITUTE Volunteer Application

BMFI relies on an enthusiastic community of volunteers to support the programming and operation of the theater through ticket-taking, and ushering. If you would like to be a part of this dedicated group of people please fill out this form and submit it in person at the Box Office, e-mail it to Info@BrynMawrFilm.org, or mail to 824 W. Lancaster Avenue, Bryn Mawr, PA 19010.

| GENERAL INFORMATION                                      |                         |                         |                    |                   |                   |              |  |
|--|-------------------------|-------------------------|--------------------|-------------------|-------------------|--------------|--|
| Name(s)  |                         |                         |                    |                   |                   |              |  |
| Employer/Employment S                                    | tatus                   |                         |                    |                   |                   |              |  |
| AVAILABILITY   |                         |                         |                    |                   |                   |              |  |
| Volunteer Period:  | O Short Term O Lo       | ong Term                |                    |                   |                   |              |  |
| If short term, how many ho<br>service/school project req |                         | at is your deadline     | e, and what is the | e reasoning for y | our deadline (e.ç | g. community |  |
| Hours  |                         |                         |                    |                   |                   |              |  |
| Start Date   | End Date                |                         |                    |                   |                   |              |  |
| Reasoning  Please use an X to indicate                   | e the blocks of time vo | ou may be ayailab       | le to volunteer:   |                   |                   |              |  |
| MOND   |                         | WEDNESDAY               | THURSDAY           | FRIDAY            | SATURDAY          | SUNDAY       |  |
| DAY  |                         |                         |                    |                   |                   |              |  |
| EVENING  |                         |                         |                    |                   |                   |              |  |
| CONTACT INFORMATION                                      | ON                      |                         |                    |                   |                   |              |  |
| E-mail Address:  |                         |                         |                    |                   |                   |              |  |
| Primary Phone  |                         | Additional Phone        |                    |                   |                   |              |  |
| Address:   |                         |                         |                    |                   |                   |              |  |
| City, State, Zip:  |                         |                         |                    |                   |                   |              |  |
| Emergency Contact Nam                                    | <br>1e                  | Emergency Contact Phone |                    |                   |                   |              |  |