



AFI | AACTA Volunteer Application Form

Volunteering at AFI | AACTA:

The AFI | AACTA Volunteer Program appoints passionate volunteers to assist the organisation with general administration and events.

Volunteer roles at the AFI | AACTA are highly sought after, and as such, our volunteer recruitment program seeks to ensure that volunteer skills, experience and development areas match with the organisation's resource and workload needs.

The AFI | AACTA office is open from **9:00am – 5:30pm, Monday to Friday**. Volunteers must commit to a **minimum of 4 hours per week**. Responsibilities are matched to core organisation functions and tasks, from events assistance through to library and content management and administration.

Successful volunteers will be contacted as and when positions become available.

Name: _____

Occupation: _____

Address: _____

Daytime Telephone: _____

Email: _____

Emergency Contact – Name/Number: _____

Information About Yourself:

Please describe in no more than 200 words why you would like to volunteer for AFI | AACTA.

Relevant Skills:

Please list any skills you have, such as computer software knowledge, typing skills, event/marketing/PR experience, library management or any other relevant volunteer / work history (please also forward a copy of your CV if you think it strengthens your application).

Referees:

Please list the name, title and contact details of at least one referee.

Availability:

The AFI | AACTA office is open from 9am – 5:30pm, Monday - Friday. We request a minimum of **4 hours** per week per volunteer. Please indicate your availability. During events, there is also the option to volunteer after hours.

MON ☐ TUES ☐ WED ☐ THURS ☐ FRI ☐
SAT ☐ SUN ☐

Preferred Volunteer Area (Please tick):

LIBRARY & ARCHIVES	☐	COMMUNICATIONS & MARKETING	☐
OFFICE ADMINISTRATION	☐	GRAPHIC DESIGN	☐
MAILOUTS	☐	SCREENINGS PROGRAM (SYDNEY, MELBOURNE) (After-hours / evening, weekend work)	☐
MEMBERSHIP	☐	AACTA AWARDS EVENTS (After-hours / evening, weekend work)	☐

To Apply:

Please email this application form to: info@afi.org.au

Volunteer Declaration:

I hereby indemnify the AFI | AACTA Awards against responsibility for accident, loss or injury suffered by me during the course of the volunteer activity undertaken. I authorise the obtaining of medical assistance as I may require and agree to meet any expense attached hereto.

I have read and agreed with the conditions stated.

Signed (To be signed upon commencing):

Date: