

## Japanese Film Festival 2017 Volunteer Application Form

Family name		First name		Photo 3x4
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	age	Nationality	
Date of Birth				
E-mail Address				
Phone Number				
Available time to contact				
Occupation		<input type="checkbox"/> Student ( School/University name: _____ ) <input type="checkbox"/> Other (Organization/Company Name: _____ )		
Volunteer experience & Personal information		Yes <input type="checkbox"/> (if Yes) continue to ※	No <input type="checkbox"/>	T-Shirt size <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L

※ Please write down your volunteer experience below :		
Experienced years	Event Name	Describe about your responsibility

1. Meeting **7<sup>th</sup> October, 2017** before screening (choose your available timing)

16:30~ 17:30

17:30~ 18:30

2. **Venue for Screening** (choose venue which is convenience for you)

Major Cineplex by Cellcard@ AEON Mall

Legend Cinema@ TK Avenue

3. **On screening day 8<sup>th</sup>~12<sup>th</sup> November,2017**

Please ✓ on date or write timing which you are able to join activity					
(Reference Timing)	8 <sup>th</sup> Wed	9 <sup>th</sup> Thu	10 <sup>th</sup> Fri	11 <sup>th</sup> Sat	12 <sup>th</sup> Sun
Morning (8:00~12:00)					
Afternoon (13:00~17:00)	<b>Opening day only (9:00~22:00)</b>				
Evening (18:00~22:00)					

\* Transportation will prepare for night shift only

4. Please kindly ✓ on the team you are interested to apply

#	Team Name	✓	
A	Protocol Team		
B	Ticketing Team		
C	Hall coordinator Team		
D	Questionnaire Assistance Team		
E	Publicity material distributor Team		

※ The personal information that you provide on this form will be used for the purpose of sending our future reference and relevant information.