



Film Institute Volunteer Form

PLEASE RETURN THIS FORM TO TONIA MAGRAS AT INFO@ALCCAMB.ORG

Contact Information

Name _____ Date _____

Home Address _____

Phone _____ Email _____

*D.O.B. _____ *Last 6 digits of social _____ - _____

Emergency Contact Information

Name _____ Relationship _____

Phone _____ Email _____

What is your availability to volunteer? (Check all that apply)

- Monday, August 8
- Tuesday, August 9
- Wednesday, August 10
- Thursday, August 11
- Friday, August 12

- Monday, August 15
- Tuesday, August 16
- Wednesday, August 17
- Thursday, August 18
- Friday, August 19

PLEASE NOTE OUR INSTITUTE RUNS FROM 8:30AM – 4:30PM!

*All volunteers will have to fill out a CORI form prior to the start of the institute.

I agree that all the information I provided is true and I will submit to a CORI check.

Signature _____

ABUNDANT LIFE CHURCH

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