



## VOLUNTEER APPLICATION FORM

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

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

Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Post Code: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Gender: Male/Female

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any allergies/medical conditions that organisers need to be made aware of?

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Have you been to Vision Splendid Outback Film Festival before? Yes/No

How did you hear about Vision Splendid Outback Film Festival? \_\_\_\_\_

Please tick your preferred area/s of work:

- Ticketing
- Ushers
- Canteen
- Masterclass & Workshop Assistants
- Breakfast with the Stars Assistants
- Office Assistants
- Marketing & Signage Assistants

Thank you for applying to volunteer at Winton's Vision Splendid Outback Film Festival

Please email your application form to [enquiries@visionsplendidfilmfest.com](mailto:enquiries@visionsplendidfilmfest.com)

Vision Splendid Outback Film Festival Association Inc. c/-P.O. Box 150, Winton QLD, 4735

[visionsplendidfilmfest.com](http://visionsplendidfilmfest.com)