

THE MAKE A FILM FOUNDATION

Volunteer Application

Name:

Address:

City:

State:

Zip:

Phone Number:

Email:

1. What is it about **Make A Film Foundation** that interests you? Why do you want to participate in this program?

2. Have you ever volunteered and/or participated in service oriented activities before? Explain.

3. Have you ever worked with terminally or critically ill youth/people?

4. How do you feel you can best serve **Make A Film Foundation**? In what areas are you interested in volunteering?

5. Please list some of the various skills, talents and/or knowledge you have that would be beneficial to your volunteer work at **Make A Film Foundation**:

6. How did you find out about the program?

***Please mail or attach a bio/resume.*

Send all correspondence to:

Tamika Lamison

Make A Film Foundation

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Los Angeles, CA 90004

info@makeafilmfoundation.org