

Application for IFN Representative or Volunteer

Name

Address

Phone

Email

**Position applying for**  
**Are you 21 Years of age or older?**

Representative / Volunteer  
Yes / No

**Which region(s) of the state are you willing to serve?**

**Relative Experience**

**References At least one personal and one professional**

Name

Relationship

Phone

Email

Name

Relationship

Phone

Email

Name

Relationship

Phone

Email

IFN Inc. is an equal opportunity employer and does not discriminate against any employee or applicant for employment based on race, color, religion, national origin, age, gender, sex, ancestry, citizenship status, mental or physical disability, genetic information, sexual orientation, veteran status, or military status.

Application for IFN Representative or Volunteer

**Why do you want the position?**

---

---

---

**What unique skills do you bring to the position?**

---

---

---

**What do you feel is missing from your local film community?**

---

---

---

---

**How would you address this need?**

---

---

---

Have you read and do you understand the duties of the position for which you are applying?      Yes/No

Are you willing and able to adhere to the principals and ethical guidelines of the organization?      Yes/No

---

Signature of Applicant

Date

---

Signature of Parent/Guardian (If applicant is under 18 years of age)

Date

IFN Inc. is an equal opportunity employer and does not discriminate against any employee or applicant for employment based on race, color, religion, national origin, age, gender, sex, ancestry, citizenship status, mental or physical disability, genetic information, sexual orientation, veteran status, or military status.