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JBFC THIRD GRADE EDUCATION PROGRAM AT AMHERST CINEMA

Volunteer Schedule Registration

September 2017 – December 2017

Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

- Student workshops run from 9:30 a.m. to 12:00 p.m. on the dates below in shaded boxes.
- Volunteers should plan to arrive at Amherst Cinema *by 9:30 a.m.*
- We ask that all volunteers commit to a *minimum* of six workshops. *
- Place a check in the box on **every date** you are available to volunteer.

September				
Mon	Tue	Wed	Thu	Fri
		20	21	22
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	26	27	28	29
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

November				
Mon	Tue	Wed	Thu	Fri
		1	2	3
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7	8	9	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	14	15	16	17
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			30	
			<input type="checkbox"/>	

October				
Mon	Tue	Wed	Thu	Fri
	3	4	5	6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10	11	12	13
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	17	18	19	20
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24	25	26	27
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

December				
Mon	Tue	Wed	Thu	Fri
		6		
		<input type="checkbox"/>		
	12	13	14	15
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Volunteer training is Monday, September 18th, from 9-12:30. If you have not volunteered for SHFF before, please plan on attending the training.

** Please note: We encourage you to sign up for more than six workshop dates if your schedule allows it. Please specify below if you are only interested in the minimum of six workshop dates, or if we may schedule you for more.*

_____ I would like to be scheduled for only six workshop dates.

_____ Please schedule me for up to _____ workshop dates.

Please return this information **as soon as possible to:**
Mail: Amherst Cinema Arts Center 28 Amity Street

Email: shff@amherstcinema.org
 Amherst, MA 01002

Fax: 413-253-2541

For questions, contact: Holly Greeley, See Hear Feel Film Administrator, at 413-253-2547 ext. 3 or shff@amherstcinema.org.

7/31/2017