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JBFC THIRD GRADE EDUCATION PROGRAM AT AMHERST CINEMA

Volunteer Schedule Registration

January 2019 – May 2019

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.*
- Place a check in the box on **every date** you are available to volunteer.

January				
Mon	Tue	Wed	Thu	Fri
			24 <input type="checkbox"/>	25 <input type="checkbox"/>
28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	31 <input type="checkbox"/>	

February				
Mon	Tue	Wed	Thu	Fri
				1 <input type="checkbox"/>
	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	

March				
Mon	Tue	Wed	Thu	Fri
				1 <input type="checkbox"/>
	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>
11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	
	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>

April				
Mon	Tue	Wed	Thu	Fri
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	
		24 <input type="checkbox"/>	25 <input type="checkbox"/>	26 <input type="checkbox"/>

May				
Mon	Tue	Wed	Thu	Fri
				3 <input type="checkbox"/>

Volunteer training is Wednesday, January 23rd, from 9 a.m. to 12:30 p.m. If you have not volunteered for the SHFF spring semester 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 form **no later than January 3rd** to: Email: shff@amherstcinema.org
 Mail: Amherst Cinema Arts Center, Attn: SHFF 28 Amity Street Amherst, MA 01002

Fax: 413-253-2541