**Auckland Arts Festival / White Night Volunteer Questionnaire**

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**Name:** Click here to enter text.

**Address:** Click here to enter text.

**Preferred contact:** Click here to enter text.

**Mobile:** Click here to enter text. **Email:** Click here to enter text.

**Occupation:** Click here to enter text.

1. **Tell us a little about why you wish to be a *White Night* Volunteer:**

Click here to enter text.

1. **Do you enjoy interacting with the public? If you have specific experience, please explain.**

Click here to enter text.

1. **What three words would your friends use to describe your personality?**

Click here to enter text.

1. **Do you have a specific interest in or knowledge of the Visual / Performing arts?**

**Please outline.**

Click here to enter text.

1. **What forms of social media do you use frequently?**

[ ] Twitter [ ] Facebook [ ] Instagram

1. **Please select when you would be available for on the 18th March 2017.**

[ ] morning [ ] afternoon [ ] 6.00pm to midnight

1. **Please select up to three areas you would be able to be volunteer in (and rank in order of preference, applies to evening shift only)**

[ ] City Central/Waterfront [ ] K Rd/Ponsonby/Arch Hill/Grey Lynn

[ ] Parnell [ ] South Auckland [ ]  Balmoral

[ ] Devonport [ ] Kingsland [ ] Sandringham

1. **If required, are you available on 16th/17th March for pre-event set up?**

 [ ] Yes [ ] No

1. Have you worked as a volunteer for Auckland Arts Festival before?

[ ] Yes [ ] No

OR any other event?

[ ] Yes [ ] No

Please indicate which ones:

1. Would you like to have your name added to the Festival’s Volunteer Database for other volunteering opportunities available during the 2017 Auckland Arts Festival ?

(dates: 8 March – 26 March 2017)

[ ] Yes [ ] No

**Please send the completed Volunteer Questionnaire**

**by December 16th, 2016 to:**

**Daphne Simons**

**Artists Alliance - Volunteer Programme Intern**

**Email:** info@artistsalliance.org.nz

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