



Atlanta Pride Committee 2013 Volunteer Application

Applications are reviewed on a rolling basis and should be sent to buck@atlantapride.org

Please type or print legibly. Thank you!

Name _____
Please list your first and last names. Please list the name you wish to be called.

Phone _____ Okay to leave messages at this number? Yes No

Email _____ Preferred method of contact: _____

Mailing address _____
Street, City, State, Zip.

Date of birth: _____ Gender identity: _____
Members must be 18 years of age

Occupation: _____

Members of the Atlanta Pride Committee Festival Committee must be members in good standing of the APC. Membership in the APC requires members to volunteer at least 40 hours annually and become a Friend of Pride by donating at least \$10 annually. These requirements must be met prior to the Annual General Meeting (AGM), typically held in early December. Members who join the APC late in the planning year or who are experiencing financial hardship may seek a waiver for these requirements from the Chair of the Board of Directors no later than 30 days before the AGM. Members are also expected to attend the AGM for a year-end report on the state of the organization and to vote on organizational business including Board of Director candidates and should be familiar with the organization's by-laws.

Why are you interested in volunteering with Atlanta Pride? _____

Have you previously volunteered for Atlanta Pride? Yes No

If yes, when and in what capacity? _____

Members of the Festival Committee have generally served as lead volunteers for Atlanta Pride for at least one year prior to joining the Festival Committee, but other experience with Atlanta Pride, similar organizations, or event planning may be substituted for experience as a lead volunteer. If you have not volunteered with APC prior to this application, please list other relevant experience. _____

Please describe your educational and professional background including relevant degrees, licensures, or certifications. Attach an additional sheet if necessary. _____

Please describe your involvement with other community organizations including length of time involved and level of involvement. Attach an additional sheet if necessary. _____

Do you have any personal or professional affiliations or relationships that are or may become a conflict of interest in your working with the Atlanta Pride Committee? If so, please describe these relationships and how you will manage them if selected as a Festival Committee member.

What skills, relationships, talents, or other resources do you have that would make APC a better organization? _____

What area(s) of the festival or other events would you be interested in coordinating or co-coordinating?

Are you available to attend Festival Committee meetings on the first Saturday morning of the month and to respond to regular emails? Yes No

Are you available to work the weekend of Pride, October 12-13, 2013? Yes No

What other information would you like us to know about you?

I hereby apply for membership in the Atlanta Pride Committee, Inc.; agree to be bound by the bylaws, policies, and procedures of the APC; confirm that I am 18 years of age or over; and support the Mission Statement. I agree and understand that this is a volunteer position and that no compensation shall be afforded for the efforts that I perform for or on behalf of the Atlanta Pride Committee. I agree and understand that, if working with the Atlanta Pride Committee, I may be removed immediately, without cause, by the Managing Director and/or the Executive Director. By filling out this form I understand that I am not automatically selected to serve as a volunteer for the Atlanta Pride Committee.

Signature: _____ Date: _____