



### Volunteer Application Form

Thank you for showing an interest in volunteering for the Lakes International Comic Art Festival. We hope to welcome you aboard! We need people who are:

- Passionate about events and comics and want to get involved in something exciting in Bownesson-Windermere
- Free for at least two full shifts across three different days from 27<sup>th</sup> to 29<sup>th</sup> September 2024
- Able to work well in a team and on their own
- Driven to help make the Lakes International Comic Art Festival one of the best audience experiences in the UK

Please **complete this form,** put your full name in the subject line and email as soon as possible to simcomicartfestival@gmail.com

For more information on The Lakes International Comic Art Festival (LICAF) please visit <a href="https://www.comicartfestival.com">https://www.comicartfestival.com</a>

To find out about the types of volunteer roles available have a look at https://www.comicartfestival.com/volunteers

Please email Simeon Leech at <a href="mailto:simcomicartfestival@gmail.com">simcomicartfestival@gmail.com</a> if you have any questions.

#### Volunteer Benefits

Volunteers receive the following benefits:

- Access to all parts of the festival across the weekend whilst off-shift
- A free LICAF Red Brigade t-shirt
- Exclusive Comic Art Festival artwork
- A unique festival atmosphere and the experience of meeting others who love comic art
- An invite to The Closing Party to allow us to say thank you to you, and for you to chat and enjoy time with the people you've met and worked with over the weekend

## Volunteers' Meetings

There will be in person volunteer meetings where you can come along and find out more about the festival and volunteering, register your interest, and meet other volunteers and festival staff.

The dates for the 2024 meetings have not been scheduled yet but we will be in touch to keep you informed!

## **Application Form**

Please submit one application per person. If you are applying as a group or family, we still request that you submit a separate application for each individual so that we can keep our records up to date. Our volunteering opportunities are open to all age groups. However, if you are under the age of 18 at the time of the festival, we ask that you seek consent from a parent or guardian.

Name:	Email: Phone:						
hich volunteer roles would	you lik	e to ap	ply for? Y	ou can selec	t more than o	ne position	
Venue/Front of House Assistant			Little Li				
Marketplace Area Steward			Driver				
Guest Desk Liaison			Survey	Survey Taker			
Email							
Your Name							
Mobile							
Emergency contact (inc. relationship to you) and phone number							
hat unisex t-shirt size wou	ıld you	prefer?	Please ti	ck (✔) only o	one:		
Small (fits ladies 8/10)				Large (fits	ladies 16+)		
Medium (fits ladies 12/14)				X-Large			

Which festival programme sections are you interested in? Please tick ( $\checkmark$ ) as many	as relevant:
Core LICAF programme of talks, panels, workshops, interviews & live draws	
Little LICAF	
Comics Marketplace	
Exhibitions	
Do you have experience in customer facing roles and working with the public? (This information will just help us place you in a role that is suitable and enjoyable certainly isn't a requirement for volunteering with LICAF)	e for you, and
Yes No	
How did you hear about volunteering at The Lakes International Comic Art Festiva	il?
Anything else you want to add to your application	

## Diversity & Inclusion Monitoring

We are committed to promoting diversity and inclusion. Our aim is for our opportunities to be accessible to all. We would appreciate it if you could complete the equality monitoring questions below. This will help us in monitoring the fairness and effectiveness of our volunteer recruitment.

You are under no obligation to provide the information requested below. However, the more information we can collect the more effective our equality monitoring will be. The information you provide will be detached from your application and used for monitoring purposes only.

Please tick  $(\checkmark)$  the relevant answers.

-	•		•	or mental impairment which has a
_	term effect on a person courself to have a dis	·	y out no	ormal day to day activities'. Please to
Yes		No		
thnic Origin: Ple	ase tell us about you	ur ethnic origin (or t	tick our	closest UK census-based category)
Asian/Asian Britis	sh			
Bangladeshi				
Chinese				
Indian				
Pakistani				
Kashmiri				
Any other Asian b	oackground			
Black/African/Car	ribbean/ Black Britis	 h		
African				
Caribbean				
Any other Black/	African/Caribbean ba	ackground		
Mixed/multiple et	thnic groups			
White & Black Ca				
White & Black Afr	rican			
White & Asian				
Any other Mixed/	multiple ethnic arou	ns hackground		

White					
British (English/Welsh/Scottish/North	ern Irish)				
Irish					
Gypsy or Irish Traveller					
Any other white background					
Other ethnic group			1		
Arab					
Any other background (please specify)					
Gender and Identity:					
Please state your gender and identity	,				
Sexual orientation:					
Bisexual		Straight/Heterosexual			
Gay Man		Other			
Gay Woman/Lesbian		Prefer not to say			
Age range:					
Under 20		40-49			
20-29		50-5	59		
20-39		60 or over			
Religion/Belief:					
Buddhist		Sikh	<u> </u>		
Christian		No r	eligion		
Hindu		Othe	er		
Jewish		Pref	er not to say		
Muslim					

# Thank you for applying to volunteer for LICAF

Please send this  ${\bf completed\ form\ }$  with your name included in the subject line to  ${\bf \underline{simcomicartfestival@gmail.com\ }}$