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**Questionnaire for White Night Volunteers**

**Name**Click here to enter text.

**Address**Click here to enter text.

**Preferred contact: Mobile Phone**Click here to enter text. **Home Phone**Click here to enter text.

**Email** Click here to enter text.

**Occupation**Click here to enter text.

1. **Tell me 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 which shift(s) you would be available for on the 14th March**

9am -2pm 1pm- 6pm 5.30pm- 12.30am

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 KRd/Ponsonby East Auckland

Parnell/Remuera South Auckland Western Springs/Mt Albert/Titirangi

Devonport

1. **Are you available on 12/13th March for pre-event set up?** Yes No

Please fill out digitally and email to: [whitenight@aaf.co.nz](mailto:whitenight@aaf.co.nz) Phone: 09 309 0101 ext 321