**VOLUNTEER/ INTERN REGISTRATION**

At Phoenix Eye, we offer casual internships to candidates worldwide, available both online and face-to-face. With limited spots annually, we are dedicated to nurturing the next generation of socially conscious change makers.

**Personal Information:**

* Full Name:
* Date of Birth:
* Gender:
* Address:
* City:
* State:
* Zip Code:
* Country:
* Email Address:
* Phone Number:

**Internship Details:**

* Are you applying for a volunteer position or an internship?
* If applying for an internship, specify if you prefer online or face-to-face (if available):
* Preferred Internship Start Date:
* Preferred Internship End Date:
* Are you seeking academic credit for this internship? (Yes/No)

**Availability:**

* Days and Times Available:
* Preferred Volunteer or Internship Roles or Interests:

**Skills and Experience:**

* Relevant Skills or Experience (e.g., filmmaking, photography, digital marketing):
* Previous Volunteer or Internship Experience (if any):

**Motivation:**

* Why are you interested in volunteering or interning with Phoenix Eye Films?
* What do you hope to gain from your volunteer or internship experience?
* How do you align with Phoenix Eye Films' mission of promoting diversity, equity, inclusion, and creating impactful work?

**Expectations:**

* What do you expect from Phoenix Eye Films as a volunteer or intern?
* How do you envision contributing to our mission?

**Additional Information:**

* Are you legally eligible to work/volunteer/intern in the country?
* Do you have any physical or medical conditions we should be aware of? (optional)
* Social Media Handes:
* Please attach a photo of you when sending this form back.

**Commitment:**

* Minimum Time Commitment (e.g., hours per week, months):
* Are you available for occasional evening or weekend events/projects? (Yes/No)

**Signature:**

By signing below, I agree to abide by Phoenix Eye Films' policies and guidelines, including confidentiality and safety protocols.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email this form back to info@phoenixeye.com.au