

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 Bowness-on-Windermere
* Free for at least **two full half-day shifts** across three different days from **26th to 28th September 2025**
* 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 <https://www.comicartfestival.com>

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

Please email Simeon Leech at [simcomicartfestival@gmail.com](mailto:simcomicartfestival@gmail.com) 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
* 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 2025 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | DoB: |

Will you be 18 or older at the time of the festival?

If under 18 please provide a parent or guardian’s name, email address and phone number.

Name: Email: Phone:

Which volunteer roles would you like to apply for? You can select more than one position

|  |  |  |  |
| --- | --- | --- | --- |
| Venue/Front of House Assistant |  | Little LICAF Assistant |  |
| Marketplace Area Steward |  | Driver |  |
| Guest Desk Liaison |  | Survey Taker |  |

|  |  |
| --- | --- |
| Your Name |  |
| Email |  |
| Mobile |  |
| Emergency contact (inc. relationship to you) and phone number |  |

What unisex t-shirt size would you prefer? Please tick (✔) only one:

|  |  |  |  |
| --- | --- | --- | --- |
| Small (fits ladies 8/10) |  | Large (fits ladies 16+) |  |
| Medium (fits ladies 12/14) |  | X-Large |  |

Have you volunteered for LICAF before? If so, which year(s) and briefly what role(s)?

|  |
| --- |
|  |

Which festival programme sections are you interested in? Please tick (✔) 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 for you, and certainly isn’t a requirement for volunteering with LICAF)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

How did you hear about volunteering at The Lakes International Comic Art Festival?

|  |
| --- |
|  |

Anything else you want to add to your application…

Just to give us a rough idea at this point, we know it might be a long way off…please tick when you think you will be available…

|  |  |  |  |
| --- | --- | --- | --- |
|  | Friday 26th Sept | Saturday 27th Sept | Sunday 28th Sept |
| AM |  |  |  |
| PM |  |  |  |
| Evening |  |  |  |

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 (✔) the relevant answers.

**Disability:** The Equality Act 2010 defines disability as ‘a physical or mental impairment which has a substantial & long-term effect on a person’s ability to carry out normal day to day activities’. Please tell us if you consider yourself to have a disability?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

**Ethnic Origin:** Please tell us about your ethnic origin (or tick our closest UK census-based category)

|  |  |
| --- | --- |
| Asian/Asian British | |
| Bangladeshi |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| Kashmiri |  |
| Any other Asian background |  |

|  |  |
| --- | --- |
| Black/African/Caribbean/ Black British | |
| African |  |
| Caribbean |  |
| Any other Black/African/Caribbean background |  |

|  |  |
| --- | --- |
| Mixed/multiple ethnic groups | |
| White & Black Caribbean |  |
| White & Black African |  |
| White & Asian |  |
| Any other Mixed/multiple ethnic groups background |  |

|  |  |
| --- | --- |
| White | |
| British (English/Welsh/Scottish/Northern Irish) |  |
| Irish |  |
| Gypsy or Irish Traveller |  |
| Any other white background |  |

|  |  |
| --- | --- |
| Other ethnic group | |
| 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 |  |  | 50-59 |  |
| 20-39 |  |  | 60 or over |  |

**Religion/Belief:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buddhist |  |  | Sikh |  |
| Christian |  |  | No religion |  |
| Hindu |  |  | Other |  |
| Jewish |  |  | Prefer not to say |  |
| Muslim |  |  |  |  |

Thank you for applying to volunteer for LICAF

Please send this **completed form** with your name included in the subject line to [simcomicartfestival@gmail.com](mailto:simcomicartfestival@gmail.com)