Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) How many hours (per week) would you like? \_\_\_\_\_\_\_\_\_\_\_\_

2) **Please circle or highlight any time blocks you CAN do**. The red box indicates priority work periods.

3) **Please strike out (~~ABC~~) the shifts you CANNOT do.**

NOTE: (if you send this in with a color code, please include a key so I know what your colors mean!)

Sun Mon Tues Wed Thurs Fri Sat

7:30-9:30am 7:30-9:30am 7:30-9:30am 7:30-9:30am 7:30-9:30am 7:30-9:30am 7:30-9:30

10am-12pm 10am-12pm 10am-12pm 10am-12pm 10am-12pm 10am-12pm 10am-12pm

12-2pm 12-2pm 12-2pm 12-2pm 12-2pm 12-2pm 12-2pm

3-5pm 3-5pm 3-5pm 3-5pm 3-5pm 3-5pm 3-5pm

7:30-9pm 7:30-9pm 7:30-9pm 7:30-9pm 7:30-9pm 7:30-9pm 7:30-9pm