

Medford Area Senior High School

Volunteer Form

Name:	Home Phone:
Work Phone:	Cell Phone:
Address:	Date of Birth:
Preferred Day (please indicate first, second, and third choice):	
Monday Tuesday Wednesda	ny Thursday Friday
Preferred Time (please indicate first, second, and third choice):	
7:30 – 8:30	
8:30 – 9:30	
9:30 – 10:30	
10:30 – 11:30	
11:30 – 12:30	
12:30 – 1:30	
1:30 – 2:30	
2:30 – 3:30	
T.Shirt Size	