**\*SHIFTS YOU WANT TO SIGN UP FOR\***

**First and Last Name- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*BEFORE COMPLETING THIS PLEASE MAKE SURE YOU HAVE A PASSED BACKGROUND CHECK AND QUESTION FORM SUBMITTED TO OUR OFFICE BEFORE INDICATING WHAT SHIFT’S YOU’D LIKE\***

**Regardless of the month our shifts will be broken into two blocks (MORNING) & (AFTERNOON.) Unless stated otherwise on the updated calendar that the shift blocks are different. Please provide answers for the questions below.**

**Provide the Date(s) you are signing up for- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provide the shift block you are signing up for. If the shift block you want is the same for the dates listed above just list ALL. EXAMPLE: (1/12/20,1/13/20,1/14,20) Morning block ALL. If different for each date, answer like this. EXAMPLE: (1/12/20,1/13/20,1/14,20) Morning block for 1/12,1/13. Afternoon for (1/14/20.)**

**Shift Block with correlating dates- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have a passed background check, and question survey submitted, please fill this out and send it via email to (Missybowman@indianatc.org)**