



Volunteer Application
Mason High School

Name: _____

Address: _____

Telephone: _____ **E-mail:** _____

Desired Shift: 7:00 a.m. – 10:45 a.m. _____ 10:30a.m. – 2:15 p.m. _____
7:00 a.m. – 2:15 p.m. _____ other _____

Days of the week I am available (please circle) M T W TH F

Volunteer Position I am seeking: Secretary/Office Front Desk (Greeter)
(Please circle all that apply) Copy Aide Tutor

Other, please describe: _____

Why would you like to be involved in the Mason High School Volunteer Program?

Experiences and/or qualifications:

Please submit to:
Lorri Fox-Allen,
Student Activities Director
Mason City Schools
398-5025 ext. 30404