



VOLUNTEER PROGRAM

2024-2025 ACADEMIC YEAR

We are honored that you have taken interest in joining the BBharts Volunteer Program! There are so many ways you can help, but in order for us to know the best place for you we would need the dates, times and areas in which you will be committing to.

PLEASE CHECK BELOW THE DAYS YOU WILL BE VOLUNTEERING

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

PLEASE LIST BELOW THE TIMES YOU WILL BE VOLUNTEERING

_____ to _____

_____ to _____

PLEASE SPECIFY THE AREA & FACULTY MEMBER YOU HAVE SELECTED

PLEASE SIGN AND RETURN ON YOUR FIRST DAY

I (Parent Name) _____ am aware and authorize that my child (Child Name) _____ Volunteers at BBharts during the hours and dates listed above.

Parent Name

X

Parent Signature

Parent Phone Number