Breakthrough Academy Chartered Public School

Volunteer Application

Please fill out and return this form to the School Directors to be considered for a designated volunteer position. You may mail this form to the school mailing address, attach it to an email to the administration office at k.randall@bacsnh.org, or drop it by our office during school hours.

Please be advised that, since we work with a vulnerable population, we require a criminal background check for this position.

All information on this form will be confidential and help us find the perfect volunteer project for you.

Volunteer Application Form

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Do you have skills, special interests, or experience that you would like us to consider when placing you into an appropriate position?

Do you have a specific volunteer role you are interested in?

What days are you usually available? Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

How many hours are you available per week? _____

Do you prefer Morning? _____ Afternoon? _____ Either? _____

Emergency contact information:

Name: _____ Phone: _____

Relationship: _____

Volunteer Signature: _____