



Volunteer Form

Fill out this form and mail to our address below,
Or fill out this form, print and scan and send to our email address below.

Name: _____
Home Address: _____
Cell Phone: _____ Home Phone: _____
E-Mail Address: _____

SCCPSS requires that all volunteers consent to a background check for the safety of the students. Please provide your Driver's License # and your date of birth. Thank you.

Date of Birth: _____ State & Driver's License # _____

I give consent to be photographed during mentoring for use on the L.O.V.E. website and newsletter.

Signature Date

How did you hear about LOVE? _____

Schools We Are Currently Serving:

E. Broad Street Elementary	Juliette Low Elementary
Gadsden Elementary	Pulaski Elementary
Gould Elementary	Spencer Elementary
Haven Elementary	Windsor Forest Elementary
Isle of Hope Elementary	

Assigned School: _____
(To be completed by L.O.V.E.)

L.O.V.E. Mentors, Inc. 54 Diamond Causeway Savannah, GA 31411