



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 | Isle of Hope Elementary |
| Gadsden Elementary | Juliette Low Elementary |
| Gould Elementary | Pulaski Elementary |
| Haven Elementary | Spencer Elementary |
| Hodge Elementary | Windsor Forest Elementary |

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

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