



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: _____
Preferred 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 | Andrea Williams Elementary |
| Hodge Elementary | Windsor Forest Elementary |

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