



Volunteer Form

Please fill out this form and mail to our address below, or fill out, print, sign and scan and send to our email address below.

Name: _____

Home Address: _____

Preferred Phone: _____ E-Mail Address: _____

Savannah Chatham County Public School System (SCCPSS) requires that a background check be performed on all volunteers before entering the classroom. This background check and registration is conducted by SCCPSS using the Beacon system. The registration process will be explained by your site director after you have been assigned a school.

Please indicate your preferred name-tag name. These are generally Ms. or Mr. (first name) or (last name). _____

Day and Month of birth: _____

• 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:

Butler Elementary
Gadsden Elementary
Haven Elementary
Hodge Elementary

Pulaski Elementary
Andrea Williams Elementary
Windsor Forest Elementary
Juliette Low Elementary

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

Assigned School: _____

Gmail: _____ Excel: _____ Bmnt: _____