



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:

Early Learning Center at Formey	Isle of Hope Elementary
Gadsden Elementary	Juliette Low Elementary
Haven Elementary	Pulaski Elementary
Hodge Elementary	Andrea Williams Elementary
	Windsor Forest Elementary

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