



# 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. I indicate my consent by entering my full name below and checking this box:

Signature \_\_\_\_\_ Date \_\_\_\_\_

By entering your name above, and clicking this box, you indicate your consent to the above statement

How did you hear about LOVE?: \_\_\_\_\_

## Schools We Are Currently Serving:

Butler Elementary  
Gadsden Elementary  
Haven Elementary  
Hodge Elementary  
Isle of Hope Elementary

Juliette Low Elementary  
Pulaski Elementary  
Andrea Williams Elementary  
Windsor Forest Elementary

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Local Outreach Volunteer Educators [www.LoveMentors.org](http://www.LoveMentors.org) Email: [lovementorsinc@gmail.com](mailto:lovementorsinc@gmail.com)