



SAVE Prescott, Inc.

Students Against Violence Everyday

Participating Professionals Consent Form

Name: _____

Phone: _____

Email: _____

Address: _____

Specialize In: _____

As a SAVE professional, I understand that I will not be asked to provide services for more than one student at a time.

I understand that my involvement with SAVE warrants a background check performed by the school district. School officials will contact me with details regarding this matter.

I agree to the placement of my name in the local newspaper as a SAVE supporter.

Signature of SAVE Professional