

Project L.E.A.D. Application

Deadline for Applications: **Friday, February 28, 2025**

Teen Name: _____ Parent/Guardian Name: _____
Parent Telephone #: _____ Parent Email Address: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
DOB: _____ Age: _____ Adult Shirt Size (circle one): S M L XL

To be completed by prospective teen participant:

Why do you want to participate in Project L.E.A.D.? _____

Prior volunteer experience: _____

What do you hope to gain or learn from your participation in Project L.E.A.D.? _____

Special talents, hobbies, or interests: _____

What other extracurricular activities are you involved in throughout the school year/summer break? _____

What does good volunteer service mean to you? _____

If I am accepted as a participant in Project L.E.A.D., I understand that I am making a commitment to complete 4 training modules and 15 hours of volunteer experience in order to graduate from the program.

Participant Printed Name Participant Signature

By signing this application, I am granting my child permission to participate in Project L.E.A.D.

Parent/Guardian Printed Name Parent/Guardian Signature