Project L.E.A.D. Application

Deadline for Applications: Friday, Feb	oruary 2, 2024						
Teen Name:	Parent	Parent/Guardian Name: Parent Email Address:					
Parent Telephone #:	Parent						
Street Address:	City: _	St	ate:	Zip Cod			
DOB: Age:	Shirt S	Size (circle one):	S	M	L	XL	
To be completed by prospective teen	participant:						
Why do you want to participate in Pro							
Prior volunteer experience:							
What do you hope to gain or learn fro	om your participation	n in Project L.E.A	D?				
Special talents, hobbies, or interests:							
What other extracurricular activities	•	_	-				
What does good volunteer service me	ean to you?						
If I am accepted as a participant in Pr 4 training modules and 15 hours of vo	-		-	-		complete	
Participant Printed Name	Participant Sign	nature					
By signing this application, I am grant	ing my child permiss	ion to participat	e in Pro	oject L.E.A.	.D.		
Parent/Guardian Printed Name	Parent/Guardia	an Signature					