



LEAP Volunteer Application

NAME _____

SCHOOL _____

PHONE _____

EMAIL _____

ORGANIZATION OR SCHOOL _____

PERSONAL REFERENCE _____

RELATIONSHIP _____

PHONE _____

EMERGENCY CONTACT _____

PHONE _____

SESSION REQUESTED _____

COURSE REQUESTED _____

Please describe your considerations for requesting volunteer hours for the course requested.
How might the experience add to the college or career pathway you've set for yourself?