

## Personal Information

Name (printed)		Gender	M F	Age	
Permanent Street Address					
City, State, Zip					
Permanent Phone		Cell Phone			
Alternate Phone		Email			
<b>Optional Question</b> Which of the following categories best describes your racial or ethnic origins (Circle all that apply)	American Indian/Alaska Native    Native Hawaiian/other Pacific Islander Black/African American    White    Asian    Hispanic Origin Other, please specify: _____				

## Emergency Information

Contact Name		Home Phone	
Relationship to LIT		Work Phone	

## LEAP Information

Were you a LEAP participant as a child?	Yes	No			
If you were a LEAP child, approximately how many years did you participate in the program?	1	2 3 5 6 7 8			
Have you ever participated as a LIT or volunteer?	Yes	No			
In which previous Academic Year Components were you an LIT or volunteer?	Spring 2004	Fall 2003	Spring 2003	Fall 2002	
	Spring 2002	Fall 2001	Spring 2001	Fall 2000	
In which previous Summer Component were you an LIT or volunteer?	2004	2003	2002	2001	2000

## Middle School Information *(If a Middle School Student)*

School Name										
School Address										
Grade in School	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	Anticipated Graduation Date	2004	2006	2008	2010	2012
						2005	2007	2009	2011	2013

## High School Information *(If a High School Student)*

School Name										
School Address										
Year in School	Freshman	Sophomore	Junior	Senior	Anticipated Graduation Date	2004	2006	2008	2010	2012
						2005	2007	2009	2011	2013

LIT Application  
Revised 03/17/05

**Please write your responses to the following questions:**

1. Why are you interested in being an LIT?

2. How will your personal skills, experiences and/or qualities help you to be a positive leader with children, counselors and staff?

3. Describe, in a paragraph or two, your educational goals and how you plan to achieve them. Also, explain how achieving these goals will contribute to your own success.

## Requirements under the Drug-Free Workplace Act



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*Leadership, Education, and Athletics in Partnership's (LEAP's) mission is to develop the strengths and talents of young leaders who create and implement year-round, community based programming designed to achieve positive academic and social outcomes for children living in high-poverty urban neighborhoods. LEAP's model is to employ a college student and a high school student to work as a mentoring team for a group of 8 children. All children are between the ages of 7 and 12 and are matched by age and gender.*

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**Notice to Employees and Counselor.** In accordance with the Drug-free Workplace Act, 41 U.S.C. 701 et seq., implementing regulations, 45 C.F.R. 2542, and Leadership, Education, and Athletics in Partnership, Inc.'s (LEAP's) certification, LEAP must publish a statement notifying employees and counselors that:

- i. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited at LEAP sites, offices, and during all LEAP Programming;
- ii. Conviction of any criminal drug statute must be reported immediately to LEAP;
- iii. Employee's employment or counselor's participation is conditioned upon compliance with the notice requirements; and
- iv. Certain actions will be taken against employees and members for violations of such prohibitions.

**LEAP LIT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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## LEAP General Release

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_  
(Print Legal Guardian's Name, if under 18 yrs. old) (Print LIT Name)

hereby release Leadership, Education, and Athletics in Partnership, Inc.(LEAP), and any organization with which it might contract for services, from any and all liability for any injury that might befall my child/me during LEAP programs and events. I have read the attached program description and understand that this program is educational and recreational and includes camping trips and short field trips.

I further release LEAP to have any and all necessary medical care provided to my child/me in case of an emergency. I understand that LEAP will contact me/my emergency contact as soon as possible should such an emergency arise.

I further understand the my child/I may be transported in LEAP or LEAP staff vehicles and release LEAP from any and all liability for any accidents that may occur.

I further grant LEAP the right to use photographs and other records of my child's/my likeness, voice, and sounds during his/her/my participation, and to reuse or license the right to reuse such photographs and recordings of his/her/my name, likeness and biography, as LEAP may desire, in all media and in all forms, including, but not limited to, his/her/my participation in LEAP without compensation to me or any limitation whatsoever.

I further release Leadership, Education and Athletics in Partnership, Inc. to assess the impact of LEAP's program on my child's/my academic progress and social development.

\_\_\_\_\_  
(Print Guardian Name)

\_\_\_\_\_  
(Signature of Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print LIT Name)

\_\_\_\_\_  
(Signature of LIT)

\_\_\_\_\_  
(Date)

## LEAP Youth Development Release

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_  
(Print Legal Guardian's Name, if under 18 yrs. old) (Print Counselor Name)

- Grant LEAP staff permission to speak with my child's teachers and other school officials in order to benefit my child's academic development.
- Release my child's school to provide any and all medical and/or educational records concerning my child to LEAP. I understand that this information will be used to meet state health requirements and to evaluate my child's academic needs and performance.
- Understand that my child will participate in discussions about a variety of pertinent and controversial social issues including race, politics, sexuality, gender, and class. I will contact LEAP if I have any concerns or questions regarding my child's participation in the Youth Development Program.

\_\_\_\_\_  
(Print Guardian Name)

\_\_\_\_\_  
(Signature of Guardian)

\_\_\_\_\_  
(Date)



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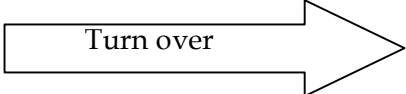
### **LEAP Safety Policy**

**LEAP establishes safety guidelines to foster an organizational culture where we all work together to ensure that we take care of one another and ourselves.** We work to create a safer Connecticut for you, our children and their families. The responsibilities given to you as LEAP staff member require you to be an active participant in LEAP communities in neighborhoods that may initially be unfamiliar to you. You are required to follow these guidelines to help ensure that you have a safe and productive LEAP experience.

- **Establishing a safer presence in the community.** When in LEAP neighborhoods, try to ensure that neighborhood residents are aware of why you are in the community and with whom you are affiliated.
- **Walk in pairs or in groups, preferably with LEAP staff and children.** Be aware of your environment. Get to know others in your neighborhood, especially the parents of LEAP children. Identify “friendly houses” where you can go in the event of an emergency.
- **If you are running late, call or otherwise contact your supervisor to let them know what time you will be in.** Be a responsible and respectful LEAP counselor, coach or staff member. Keep others aware of your arrivals and departures to help them support you and to ensure a safe and productive LEAP environment. If you need a ride, call site staff or colleagues for assistance. Please be considerate; plan to avoid last-minute calls for rides and late arrivals.
- **Avoid confrontations.** If you are confronted by someone acting strangely or observe a strange and/or potentially dangerous situation, remove yourself from the situation as quickly and tactfully as possible. Inform your supervisor immediately. Remember that we are guests in the communities we serve and that we are not always aware of all the history or realities of community business and interactions. When in doubt, ask a supervisor or a full-time staff person.
- **Give fundraising money raised by the site immediately to your supervisor to hold.** Be responsible about bringing and securing valuables. Avoid making yourself a target for a robbery.

### **Please refrain from the following risky behaviors:**

- Walking alone late at night and in the early hours of the morning
- Arriving or departing the neighborhood late at night or early in the morning
- Wearing expensive clothes, shoes or jewelry or carrying other valuables and large amounts of cash
- Not informing your supervisor and co-worker of your arrivals and departures

Turn over 

**LEAP Safety Policy**

I have read the attached Safety Policy and understand the LEAP Safety Guidelines. I will follow these policies and recognize that I cannot hold Leadership, Education, and Athletics in Partnership, Inc. (LEAP) responsible for anything that should happen to me if I fail to do so.

I release LEAP to have any and all necessary medical care provided to me in case of an emergency. I understand that my emergency contact will be contacted as soon as possible by LEAP should such an emergency arise.

I understand that any violation of LEAP's stated safety policies and procedures may result in disciplinary action or termination of employment at LEAP.

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PRINTED NAME

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SITE

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SIGNATURE

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DATE