

Protect Our Pack Pack Leader Application

<i>µ</i>	Applicant Information
Please note: Pack Leaders do not receive strictly voluntary.	e monetary or course credit compensation – the positions are
Full Name:	Date:
Last	First M.I.
Student ID:	Phone:
Email:	D.O.B.://
Home Address:	
E	ducational Information
Your School/College at UConn:	Major:
GPA (Cumulative):	Semester Standing (completed):
Number of years attended UConn Storrs	Campus: Date of expected graduation:
Language(s) spoken other than English: _	
	References
Please list three references who are able list current Pack Leaders as references.	to comment on your qualifications for this position. You may
Name:	Title:
	Contact Email:
Name:	Title:
	Contact Email:
Name:	Title:
Contact Phone:	

Short Answer Questions

Please answer all of the questions below. If you need more space, you can attach an extra sheet of paper to the application with your answers.

What are you involved in (on and/or off campus)?

Why do you want to be a part of Protect our Pack?

What do you hope to gain from this experience?

What are your strengths that will help you succeed as a member of Protect our Pack?

Thank you for your application! You will be contacted by phone or e-mail shortly regarding the interview process. Applications can be dropped off at the Dean of Students Office or emailed to:

Jenn Longa Assistant Dean of Students For Victim Support Services & Bystander Initiatives Jenn.longa@uconn.edu Lupita Paniagua Graduate Assistant Dean of Students Office gup19002@uconn.edu