

Protect Our Pack Pack Leader Application

Applicant Information

Please note: Pack Leaders do not receive monetary or course credit compensation – the positions are strictly voluntary.

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Full Name:		Date:	
Last	First	M.I.	
Student ID:		Phone:	
Email:		D.O.B.://	
Home Address:			
	Educational Inf	formation	
Your School/College at UCon	n:	Major:	
GPA (Cumulative):	Se	mester Standing (completed):	
Number of years attended U	Conn Storrs Campus:	Date of expected graduation:	
Language(s) spoken other th	an English:		
	Referen	ces	
Please list three references w list current Pack Leaders as r		on your qualifications for this position. You may	
Name:	Title	<u>. </u>	
Contact Phone:	Conta	ct Email:	
Name:	Title:		
Contact Phone:	Cc	ontact Email:	
Name:	Title:		
Contact Phone:	Cc	Contact Email:	

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?		
why do you want to be a part of Protect our Pack!		
What do you have to goin from this appointmen?		
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

Hannah Halloran Coordinator for Victim Support Services & **Bystanders Initiatives** Dean of Students Office Hannah.halloran@uconn.edu