



# 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.**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Student ID: \_\_\_\_\_ Net ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Educational Information

Your School/College at UConn: \_\_\_\_\_ Major: \_\_\_\_\_

GPA (Cumulative): \_\_\_\_\_ Semester Standing (Fall 2016): \_\_\_\_\_

Number of years attended UConn Storrs Campus: \_\_\_\_\_ Date of expected graduation: \_\_\_\_\_

Language(s) spoken other than English: \_\_\_\_\_

## References

*Please list three professional references who are able to comment on your qualifications for this position.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ 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 back of the application with your answers.**

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

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What do you hope to get out of this experience?

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

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**Thank you for your application! We will contact you by phone or e-mail shortly regarding the interview process.**

**If you have any questions, please contact:**

**Jenn Longa**  
**Assistant Dean of Students**  
**For Victim Support Services &**  
**Bystander Initiatives**

[Jenn.longa@uconn.edu](mailto:Jenn.longa@uconn.edu)

**Jordan Walsh**  
**Graduate Assistant**  
**Dean of Students Office**  
**Jordan.walsh@uconn.edu**