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### Registration for L.E.A.D. Program

**2023-2024 Cohort**

Thank you for your interest in the L.E.A.D. (Leadership exploration and development) Program.

*Please complete all sections below:*

**1. About You (please print clearly)**

Full Name*:*

Length of time in the field:

Job Title:

Home Mailing Address:

Home Phone: Work Phone:

Preferred e-mail address:

**2. Do you work in:**

|  |  |  |
| --- | --- | --- |
| **Setting** | **Yes** | **No** |
| Licensed program |  |  |
| 21C program |  |  |

**3. Current Employment**

Place of Employment:

Address of Employer (*street, city, state*):

Current number of children directly in my care: \_\_\_\_\_\_\_\_\_\_\_

BFIS Account #:

**4. Supervisor Signature**

**My supervisor attests to my current employment in the field:**

Name of Supervisor (Please Print Clearly):

Email of Supervisor: Phone # of supervisor:

Signature of Supervisor:

Date:

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Return completed form to:* Tricia Pawlik, Senior Associate for Program Quality

Vermont Afterschool

150 Kennedy Drive

South Burlington, VT 05403

*Or e-mail to:*

tricia@vermontafterschool.org