



PROJECT LEADER TRAINING APPLICATION FORM

Current Date: _____

Name: _____

Address (Home Office): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact Name and Number: _____

Date of Project Leader Training (if applicable): _____

Additional Information:

1. How did you learn about HOJ Project Leader Training?

2. Have you served as a volunteer or as a volunteer leader in the past?
Please explain (you may attach a resume to your application).

3. Please explain why you would like to be a HOJ Project Leader

4. Are you already registered on www.handsonjacksonville.org? Yes No

5. If requested, would you be willing to complete a background check prior to an appointment as a Project Leader? Yes No

References:

Please provide the names and contact info of 3 references:

1. _____
 2. _____
 3. _____
-

Return completed application to:

**HandsOn Jacksonville
Project Leader Training
6817 Southpoint Parkway~ Suite 1902~Jacksonville, Fl. 32216
Phone: (904) 332-6767 Fax: (904) 332-6722**

**For additional information
Contact: Jenny O'Donnell~ (904)332-6767~ jenny@handsonjacksonville.org**