

**LEAP 2020**  
**Intro to LEAP**  
**July 19th - July 24th**

Please fill out this application and email it to  
kmodrak@resourcevt.org or send to: The Overlook Café, Attn:  
LEAP Program, 108 Cherry St, Burlington, VT, 05401.

**Registration due May 1st, 2020.**

Name: \_\_\_\_\_  
\_\_\_\_\_ (Last) (First) (Middle)

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Current Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) (Apt #)

\_\_\_\_\_ (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent / Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ (Street) (Apt #)

\_\_\_\_\_ (City) (State) (Zip Code)

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Phone Number: \_\_\_\_\_

Parent or Guardian Email Address: \_\_\_\_\_

**Education and Voc Rehab Information**

Name of School you are Currently Enrolled in: \_\_\_\_\_

Teacher of the Visually Impaired: \_\_\_\_\_

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

State Vocational Rehab Counselor: \_\_\_\_\_

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

Grade Level Completed by July 28, 2019: \_\_\_\_\_

Uniform Shirt Size (men's sizing):

SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_

Do you have any dietary limitations or food allergies? If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Waiver Release:**

Your participation with ReSOURCE's Intro to LEAP Program, is on an at-will basis. You are free to terminate your participation with ReSOURCE at any time, with or without reason. Likewise, ReSOURCE has the right to terminate your participation with or without reason, at its sole discretion.

I understand that ReSOURCE may use photos, video, and voice recordings as well as my name and any of my quotes in their marketing, printed, electronic, promotional, or other materials. By signing this form, I give ReSOURCE permission to do so.

I understand that I will not receive any compensation for volunteering during my participation of the program.

I understand that there are inherent risks that accompany certain types of service that I may perform during my time participating in Intro to LEAP. I will not hold ReSOURCE liable or any of its employees for any injury sustained during my participation and I fully acknowledge the understanding of such risks.

I give permission for ReSOURCE to receive and exchange information with professional service providers and/or agencies and individuals. I understand that all information will be shared only in a professional setting and will be kept strictly confidential.

I will not hold ReSOURCE liable for any loss or damage of personal property sustained while participating in volunteer activities with ReSOURCE at any of its sites including but not limited the Living and Learning Center. I will refrain from the use of tobacco products, alcohol, and illegal drugs during my participation and follow all policies of the LEAP Program.

By signing your name below, you certify that all of the statements made in this registration form are true to the best of your knowledge.

---

Participant Name

---

Signature of Participant

Date

---

Signature of Parent or Legal Guardian

Date

*Submit your Registration and LEAP Medical Form to  
Kaelyn Modrak at [kmodrak@resourcevt.org](mailto:kmodrak@resourcevt.org) or:*

**Overlook Cafe,  
Attn: LEAP Program,  
108 Cherry St,  
Burlington, VT 05401.**