

Internal use only:  
Date received: \_\_\_\_\_  
Date of interview: \_\_\_\_\_  
Selected:  Yes  No

**Houston Area HIV Services Ryan White Planning Council  
Office of Support**

2223 West Loop South, Suite 240; Houston, Texas 77027  
Phone 713-572-3724 ♦ Fax 713-572-3740 ♦ www.rwpchouston.org

**APPLICATION FOR PROJECT LEAP CLASS OF 2018**

**APPLICANT INFORMATION:**

DATE: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ LASTNAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
If applicable: EMPLOYER: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ Can we contact you at work?  No  Yes

PREFERRED COMMUNICATION:  Home phone  Cell phone  Home email  Work phone  Work email

• **Have you ever been in Project LEAP?**  No  Yes, but did not graduate  Yes, graduated. Year: \_\_\_\_\_ \*  
\*If you graduated, were you appointed to the Ryan White Planning Council?  No  Yes  I don't know

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION:**

THE PROJECT LEAP SERVICE DEFINITION REQUIRES THE COLLECTION OF CERTAIN DEMOGRAPHIC INFORMATION ABOUT ALL APPLICANTS. THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE THAN FOR THE SELECTION OF PROJECT LEAP PARTICIPANTS.

*Please check one box for each item below:*  
Gender:  Male  Female  Transgender/Gender Non-Conforming  
Race/Ethnicity:  White/non-Hispanic  Black/non-Hispanic  Hispanic/Latino  
 Asian American  Pacific Islander  American Indian/Alaskan Native  Other  
Age:  Under 18  18 – 24  25 – 34  35 – 44  45 – 49  50+

THE PROJECT LEAP SERVICE DEFINITION REQUIRES THE HIV STATUS OF APPLICANTS BE DOCUMENTED BY THE OFFICE OF SUPPORT. YOU WILL BE ASKED YOUR HIV STATUS DURING THE APPLICATION INTERVIEW. THIS INFORMATION WILL NOT BE USED FOR ANY OTHER PURPOSE THAN FOR THE SELECTION OF PROJECT LEAP PARTICIPANTS. YOU MAY DECLINE TO PROVIDE THIS INFORMATION.

**HOW DID YOU HEAR ABOUT PROJECT LEAP?** *Please check all that apply:*

- Name of person who referred you (optional):** \_\_\_\_\_
- Case manager/social worker    Educator/outreach worker    Email distribution list    Facebook/other social media
- Friend/family member    Flyer    Former LEAP student    Health fair/event    Media (e.g., magazine, newspaper)
- Planning Council or CPG *member*    Planning Council or CPG *staff*    Other: \_\_\_\_\_
- At an agency, please specify: \_\_\_\_\_

**APPLICATION QUESTIONS:**  
PLEASE KNOW THAT PROJECT LEAP APPLICATIONS ARE CONSIDERED PUBLIC DOCUMENTS. THEREFORE, ANY INFORMATION YOU PROVIDE BELOW INCLUDING HIV STATUS OR OTHER HEALTH OR PERSONAL INFORMATION COULD BE VIEWED BY MEMBERS OF THE PUBLIC UPON REQUEST.

**1. Please tell us about yourself including any experience you have working or volunteering in the HIV community in Houston or other areas.**

**2. Why do you want to be in Project LEAP?**

**3. Project LEAP meets weekly for 17 weeks for 4 hours each week from April through July 2018. Are you able to attend the Project LEAP class schedule?**  Yes  No

**Please return your completed application form to:**  
Ryan White Planning Council Office of Support  
2223 West Loop South, Suite 240; Houston, TX 77027  
Fax: 713-572-3740  
Email: [Diane.Beck@cjo.hctx.net](mailto:Diane.Beck@cjo.hctx.net)

**Applications are due by 5:00 pm on Wednesday, March 28, 2018.**

An in-person interview with Office of Support staff is also required. Interviews will take place at the address above as applications are received. All applicants will be notified by Friday, March 30, 2018.