

CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS® PROGRAM
2012 ELLA BAKER TRAINER RECOMMENDATION FORM



* **Site Coordinator or Project Director from the 2011 summer, must** complete this recommendation form for the Ella Baker Trainer applicant. All recommendation forms should be placed in a sealed envelope.

APPLICANT INFORMATION

FIRST NAME _____ MIDDLE _____ LAST NAME _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

YOUR CONTACT INFORMATION

FIRST NAME _____ MIDDLE _____ LAST NAME _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ CELL PHONE _____

EMAIL ADDRESS _____

CDF FREEDOM SCHOOLS® SITE NAME _____

WHICH SERVICE YEARS DID YOU WORK WITH THE APPLICANT? _____

CDF FREEDOM SCHOOLS EXPERIENCE

Attach additional sheets as necessary.

1. HOW LONG, AND IN WHAT CAPACITY, HAVE YOU KNOWN THE APPLICANT?

2. PLEASE DESCRIBE THE APPLICANT'S ENTHUSIASM AND SPIRIT FOR THE *CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS* MOVEMENT.

3. PLEASE OUTLINE THE APPLICANT'S STRENGTHS AND CHALLENGES IN MODELING THE KEY COMPONENTS OF THE *CDF FREEDOM SCHOOLS* PROGRAM MODEL.

