



2011 ELLA BAKER TRAINER APPLICATION INFORMATION FORM

ALL SECTIONS ARE TO BE COMPLETED BY APPLICANT. PLEASE PRINT OR TYPE.

I. CONTACT INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ CELL PHONE _____

EMAIL ADDRESS _____

ARE YOU A REGISTERED VOTER? YES NO IN WHAT STATE? _____

II. SCHOOL INFORMATION

COLLEGE OR UNIVERSITY _____

UNDERGRADUATE PROGRAM

GRADUATE PROGRAM

MAJOR/CONCENTRATION _____ MINOR _____ YEAR IN SCHOOL _____

GRADE POINT AVERAGE _____ EXPECTED GRADUATION DATE _____

III. EMPLOYMENT INFORMATION

EMPLOYER	POSITION/TITLE	YEARS EMPLOYED
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. CDF FREEDOM SCHOOLS® EXPERIENCE

1. HOW LONG HAVE YOU SERVED IN *CDF FREEDOM SCHOOLS*? IN WHAT CAPACITIES? AT WHICH *CDF FREEDOM SCHOOLS* SITES HAVE YOU SERVED? PROVIDE THE YEAR(S) SERVED FOR EACH SITE.

2. WHAT ARE YOUR CAREER INTERESTS AND GOALS? YOUR POST-COLLEGE PLANS?

