



2011 ELLA BAKER TRAINER RECOMMENDATION FORM

SITE COORDINATORS, FROM THE 2010 SUMMER, MUST COMPLETE THIS RECOMMENDATION FORM FOR THE ELLA BAKER TRAINER APPLICANT. ALL RECOMMENDATION FORMS SHOULD BE PLACED IN A SEALED ENVELOPE.

I. ELLA BAKER TRAINER APPLICANT INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

II. YOUR CONTACT INFORMATION

FIRST NAME _____ MI _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

CDF FREEDOM SCHOOLS[®] SITE NAME: _____

WHICH SERVICE YEAR(S) DID YOU WORK WITH THE APPLICANT? _____

III. 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.

4. WHY DO YOU RECOMMEND THAT THIS APPLICANT BE SELECTED AS AN ELLA BAKER TRAINER?

ADDITIONAL COMMENTS:
