

CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS® PROGRAM
2015 ELLA BAKER TRAINER APPLICATION



DATE OF APPLICATION _____

APPLICANT INFORMATION

FIRST NAME _____ MIDDLE _____ LAST NAME _____

_____/_____/_____
 DATE OF BIRTH _____ AGE _____ GENDER: ___MALE ___FEMALE

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ CELL PHONE _____

EMAIL ADDRESS(ES) _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

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

SCHOOL INFORMATION

Highest Education Level Achieved: (check appropriate box)

- Attending 2-year college Attending 4-year college Graduate of 2-year college
 Graduate of 4-year College Attending Graduate School Post-Graduate study

	Name and Location	Degree and Date	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

EMPLOYMENT INFORMATION

ARE YOU EMPLOYED BY A SCHOOL DISTRICT? YES NO IN WHAT STATE? _____

IF YES, SCHOOL DISTRICT NAME _____ POSITION _____

EMPLOYER	POSTION/TITLE	YEARS EMPLOYED
_____	_____	_____
_____	_____	_____
_____	_____	_____

