



2009 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 REGISTERED TO VOTE? YES NO IF YES, 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. EMPLOYER INFORMATION

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

IV. CDF FREEDOM SCHOOLS® PROGRAM EXPERIENCE

1. HOW LONG HAVE YOU SERVED IN THE *CDF FREEDOM SCHOOLS* PROGRAM? 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?
