

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.

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

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