



Servant Leader Intern Application



General Information

Date _____

First Name

Middle Name

Last Name

____/____/____
Date of Birth

Age

Gender: Female _____ Male _____

Race: _____ Black/African American _____ White _____ Hispanic/Latino

_____ Asian/Asian American _____ Native American/American Indian _____ Other

Email

Alternate Email

Current Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Alternate Phone/Cell Number

How did you find out about this job opening _____

Informational Question

Highest Education Level Achieved: High School Attending 2-year college
 Attending 4-year college College Graduate (4 year)
 Attending Graduate School Post-Graduate

School Information

Name of College/University

City and State

Year in School

Current Declared Major

College Hours Completed (Submit Transcripts)

Did you take any education or child development courses? Yes _____ No _____
If yes, please list each education or child development course title and the semester the course was taken?

Have you participated in any leadership development classes, seminars, workshops, etc?

Yes ___ No ___ If yes, please list the content, date and place of each training experience.

Work and Volunteer Information

Please list any experience you have had working with children.

Please list any volunteer and/or paid work you have done in your school, church or community.

Please describe any work you have done in the area of youth leadership development.

What knowledge have you gained from your experiences in serving your school, church or community?

Why do you want to work for the *CDF Freedom Schools* program?

What special skills or talents will you draw upon and incorporate in your work if selected as a CDF Freedom Schools servant leader intern?

What are your expectations as a result of your participation with a *CDF Freedom Schools* site?

Why should you be selected as a CDF Freedom Schools College Servant Leader Intern?

Are there any factors that will prevent or affect your ability to fully participate in daily program activities?

Emergency Contact

Parent/Guardian Full Name

Primary Daytime Phone/Cell Number

Address

City

State

Zip Code

Emergency Contact Person

Relationship to You

Primary Phone Number

Secondary Phone Number