

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 _____

Informational Questions

How did you find out about this job opening? _____

School Information

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

Name of College/University _____

City and State _____

Year in School _____

Current Declared Major _____

College Hours Completed (Submit Transcripts) _____

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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?



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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