



**children's
defense fund**
Leave No Child Behind®

CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS® PROGRAM 2020 SERVANT LEADER INTERN APPLICATION

Please attach a current resume to this application.

Today's Date:				
SPONSOR INFORMATION				
Sponsor Organization:			Site Name:	
PERSONAL INFORMATION				
Last Name:	First:	Middle:	Birth Date: / /	Age:
Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Decline to state <input type="checkbox"/> Other _____		Preferred Pronouns: <input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Other _____		
Race/Ethnicity (check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> White <input type="checkbox"/> Other _____				
Email Address:		Alternate Email Address:		
Current Street Address:			City:	State: ZIP Code:
Home Phone Number:		Cell Phone Number:	Permanent Phone Number:	
Permanent Street Address (If different from above):			City:	State: ZIP Code:
How did you find out about this service opportunity?				
Are you a Returning Servant Leader Intern? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many summers have you served as a Servant Leader Intern in the <i>CDF Freedom Schools</i> program? _____		
Were you enrolled in the <i>CDF Freedom Schools</i> Program as a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how many years did you attend <i>CDF Freedom Schools</i> ? _____		
Do you current live or have you ever lived in the community where this <i>CDF Freedom Schools</i> site is located? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL AND WORK INFORMATION																		
Current education level (check all that apply): <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 40%;">Type of Degree Program</th> <th style="text-align: center; width: 10%;">Pursuing</th> <th style="text-align: center; width: 10%;">Earned</th> </tr> </thead> <tbody> <tr> <td>2-year Associates (or equivalent)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>4-year Bachelors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Masters</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Terminal (Ph. D., J.D., M.D., or equivalent)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			Type of Degree Program	Pursuing	Earned	2-year Associates (or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	4-year Bachelors	<input type="checkbox"/>	<input type="checkbox"/>	Masters	<input type="checkbox"/>	<input type="checkbox"/>	Terminal (Ph. D., J.D., M.D., or equivalent)	<input type="checkbox"/>	<input type="checkbox"/>	List any additional certifications: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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Have you taken any education or child development courses in college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list each education or child development course title and the semester the course was taken: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>																		
Have you ever participated in any leadership development/ training courses, classes, seminars, or workshops? <input type="checkbox"/> Yes <div style="text-align: right;"><input type="checkbox"/> No</div> If yes, please list the content, date (approximate), and place of each training experience: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>																		
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EMERGENCY CONTACT INFORMATION																		
Please list two emergency contacts.																		
Name:	Relationship:	Primary Phone:	Secondary Phone:															
1.																		
2.																		

ADDITIONAL QUESTIONS

You may attach an additional paper if necessary.

Please explain why you are interested in serving as a Servant Leader Intern at a *CDF Freedom Schools* site.

What special skills or talents will you draw upon and incorporate into your work if selected to serve as a *CDF Freedom Schools* Servant Leader Intern?

What do you hope to gain as a result of serving at a *CDF Freedom Schools* site?

Please explain how you are able to contribute to the success of the *CDF Freedom Schools* program.

What factors, if any, will affect your ability to fully participate in program activities?
