

INTERN APPLICATION CORSICANA SUMMER FREEDOM SCHOOL 2010:

I. GENERAL INFORMATION

Full Name: _____

Current Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____

Permanent Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Email: _____

Date of Birth: _____ Age: _____

II. STUDENT INFORMATION

Highest Education Level Achieved *(please circle)*:

A. High School B. Currently In College C. College Graduate D. Currently in Graduate School E. Post Graduate

College/University: _____ City/State: _____

Year in School: _____ Major: _____

III. GENERAL WORK/ VOLUNTEER EXPERIENCE

1. Please list any experiences you have had working with children.

2. Please list any volunteer work you have done in your school, church, or community. *(please be specific)*

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

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

5. Why do you want to work with the Corsicana Summer Freedom School Program?

6. What special skills or talents will you draw upon and incorporate in your work if selected as an servant leader?

7. What are your expectations as a result of participating in a Freedom Summer?

8. Why should you be selected as a *Corsicana Summer Freedom School* servant leader/ junior servant leader?

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

V. CONTACT INFORMATION

Parent/Guardian Name(s): _____

Work Telephone: _____

In case of emergency call: _____

Telephone Number: _____

Relationship: _____

VI. MEDICAL HISTORY

1. Are you currently under doctor's care for an illness? Yes _____ No _____

If yes, please explain _____

2. Are you currently taking medication? Yes _____ No _____

If yes, please explain _____

3. Do you have any known allergies? Yes _____ No _____

If yes, please explain _____

4. In the event of a medical emergency, do you authorize *VOICE, INC Corsicana Summer Freedom School* staff person(s) to transport you to a medical facility for necessary medical attention? Yes _____

No _____

Health Insurance Carrier: _____

Policy Holder: _____

Identification Number: _____

Group#: _____

Please explain any special procedures that must be followed in the event of a medical emergency.

ADDITIONAL COMMENTS:

PRINT NAME

SIGNATURE

DATE

- Please submit this application along with a:
 1. Letter of Reference

- 2. A typed 1-2 page writing sample about the most recent book you have read.**
- 3. Your most recent college transcript /high school report card.**
- 4. Three personal references names address and phone numbers.**