Comcast Digital Connectors Participant Application

PERSONAL INFORMATION
Name
Home Address
City, State, Zip Code

Home Phone	**Cell Phone**	
Ethnicity (African American, Arab American, Asian American, Caucasian, Hispanic American, Native American, Multiracial)	**Age**	**Gender**
Date of Birth	**E-mail**	

Name(s) of Parent(s)/Guardian(s):
Address(es) of Parent(s)/Guardian(s):

Parent(s)/Guardian(s) Phone Number(s):

Home	Work	Cell

Parent(s)/Guardian(s) E-mail Address(es):

EDUCATION
Name of High School (Current)

Grade	**Expected Year of Graduation**

WORK / VOLUNTEER EXPERIENCE
Please list your previous work and/or volunteer experience. Start with the most recent.

Employer Name	Position	Dates Employed Month/Year	Supervisor, Address, Phone
1)			
2)			
3)			

TECHNOLOGY

Please rate your ability to use computers
☐ High ☐ Medium ☐ Low ☐ Not at all

Have you ever TAKEN a technology course or training before?
Yes ☐ No ☐

Course Name	**School Name**

Have you ever TAUGHT a technology course or training before?
Yes ☐ No ☐

Course Name	**School Name**

Do you have a computer at home?   Yes ☐ No ☐

Do you have Internet access at home?   Yes ☐ No ☐

How often do you use a computer?
☐ Daily   ☐ 3 times per week ☐ Once a week   ☐ Not at all

How often do you surf the web?
☐ Daily   ☐ 3 times per week ☐ Once a week   ☐ Not at all

SPECIFIC TECHNOLOGY SKILLS				
How do you rate your skills in the areas below? Please mark one box for each area.				
Area	**High**	**Medium**	**Low**	**Not at all**
Internet (Internet Explorer, Firefox, etc.)				
E-mail (Outlook and Web)				
Instant Messenger (AOL, Yahoo, MSN, etc.)				
Microsoft Office (MS Word, Excel, Access, etc.)				
Web Design (HTML, Dreamweaver, FrontPage)				
Digital Media (Music, Photography, Video)				
Graphics (PhotoShop, Illustrator, etc.)				
PDAs/Handhelds				
Wiring and Cabling for Networks				
Software Installation				
PC Troubleshooting and Maintenance				
Operating systems (check all that apply): ____ Windows XP/Vista ____ Mac O/S				
Network Administration				
Blogs, Discussion Groups, Podcasting				
Other:				

| **Short Answer Questions** |
| Please answer each of the questions below. You may attach additional pages if necessary. |

1. Please describe a situation or experience where you have been a teacher to someone:

2. As a leader, what are your strengths and challenges?

Strengths:

Challenges:

3. What are your future goals?

4. The Digital Connectors program is an exciting technology initiative that bridges youth with others in their local neighborhoods to promote technology awareness and adoption. In one short paragraph, share why you want to be part of this program and what you want to learn as a program participant.

Please sign and print your name to verify that all information stated is correct.

_____   _____

Digital Connector   **Date**

_____   _____

Parent / Guardian of Digital Connector   **Date**