

## Comcast Digital Connectors Participant Application

PERSONAL INFORMATION			
<b>Name</b>			
<b>Home Address</b>			
<b>City, State, Zip Code</b>			
<b>Home Phone</b>	<b>Cell Phone</b>		
<b>Ethnicity</b> (African American, Arab American, Asian American, Caucasian, Hispanic American, Native American, Multiracial)		<b>Age</b>	<b>Gender</b>
<b>Date of Birth</b>	<b>E-mail</b>	<b>Twitter @</b>	
<b>Name(s) of Parent(s)/Guardian(s):</b>			
<b>Address(es) of Parent(s)/Guardian(s):</b>			
<b>Parent(s)/Guardian(s) Phone Number(s):</b>			
<b>Home</b>	<b>Work</b>	<b>Cell</b>	
<b>Parent(s)/Guardian(s) E-mail Address(es):</b>			
EDUCATION			
<b>Name of High School (Current)</b>			
<b>Grade</b>	<b>Expected Year of Graduation</b>		
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				
<i>Please rate your ability to use computers</i>				
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Not at all				
Have you ever <b>TAKEN</b> a technology course or training before?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Course Name		School Name		
Have you ever <b>TAUGHT</b> a technology course or training before?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
Course Name		School Name		
Do you have a computer at home? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Do you have Internet access at home? Yes <input type="checkbox"/> No <input type="checkbox"/>				
How often do you use a computer?				
<input type="checkbox"/> Daily <input type="checkbox"/> 3 times per week <input type="checkbox"/> Once a week <input type="checkbox"/> Not at all				
How often do you surf the web?				
<input type="checkbox"/> Daily <input type="checkbox"/> 3 times per week <input type="checkbox"/> Once a week <input type="checkbox"/> 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.)				
PDA's/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:

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Challenges:

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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**