# Comcast Digital Connectors Participant Application

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| **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** | | | | **Twitter**  **@** | | | | |
| **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) | |  | |  | | | |  | |

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| **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: |  | |  |  |  |

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| **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**