

Family Resource Center • Internship Application

Name: _____ Today's Date: _____

Date of Birth: _____ Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

College/University: _____

Degree: *A.S. *B.S. *M.S. in _____

Expected date of completion of your degree: _____

Professor/Internship Coordinator Name: _____

Advisor's Email: _____ Phone #: _____

How many hours are required for your internship? _____

Date internship will begin: _____ Date internship will be completed: _____

Focus area for internship: _____

What days/times will you be available to do your internship? _____

Current Employer(s): _____

Occupation: _____ Business Phone: _____

Why do you wish to do your internship at the Family Resource Center? _____

Where did you hear about us?

Name, address, and phone number of a personal reference:

Other information you wish to share about your education, experience, skills or interests (use an additional sheet, if needed):

I affirm that I will abide by the policies and will treat with respect and confidentiality any information learned about the personal lives of clients, staff, or volunteers at the Family Resource Center.

Signature

Date

**Send completed application to:
Family Resource Center, Inc
Attention: Volunteer Coordinator
PO BOX 612 Wytheville, VA 24382
Fax 276.228.7152**