



# The Family Resource Center

*Education • Advocacy • Counseling*

## Intern Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

College attending: \_\_\_\_\_

Instructor contact information (name, phone #, email):

\_\_\_\_\_

Start date of internship: \_\_\_\_\_

End date of internship: \_\_\_\_\_

Days times available: \_\_\_\_\_

What do you hope to accomplish during your internship?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you believe that your current skills will contribute to the accomplishment of FRC's Mission, Vision and Values?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_