

**PFC Counselor Application**

Name: \_\_\_\_\_  
Last First Middle

Local Address: \_\_\_\_\_  
Street Apt # and/or P.O. Box #

\_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Major: \_\_\_\_\_

Year in School 1st 2nd 3rd 4th

Number of hours available per week: \_\_\_\_\_

Experience in Campus and/or Community Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Experience:

Job	Employer	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

List your major skills, interests, and personal qualities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Campus Reference Name: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Department: \_\_\_\_\_

