

List 3 References

Name	
Title/Position	
Phone #	
Email	
Name	
Title/Position	
Phone #	
Email	
Name	
Title/Position	
Phone #	
Email	

1. Have you ever attended an FJM Clinic; if so, where and when?

2. Why do you want to be an FJM Clinic Instructor?

3. Describe how you would be an asset to the FJM Summer Clinic Program.