

OFFICE OF ASSEMBLYMEMBER WILLIAMS INTERNSHIP APPLICATION

I. Applicant Information:

Name: _____

Address: _____

Phone #: _____ Email: _____

Emergency Contact: _____
Name Telephone #

Are you seeking class credit for your internship? Yes No

Please submit application with a resume and a writing sample. Resume should include education and paid employment history, extracurricular activities, and volunteer activities. List any awards, honors or publications.

Learning Objectives:

What do you hope to learn from this experience about the legislature, about yourself, about the community, etc.? How will this internship help you to achieve your goals?

Have you had experience with the following office essentials?

____ Microsoft Word ____ Microsoft Excel ____ Microsoft Power Point ____ Mail Merge
____ Microsoft Outlook ____ Fax Machine ____ Filing Documents ____ Copy Machine
____ Data Entry

Please list languages spoken and level of fluency: _____

Background Survey

The following information is requested on a VOLUNTARY basis and is confidential. This survey is used to evaluate our outreach and recruitment efforts.

How did you hear about the Internship Program? Select all that apply.

Newspaper Professor Internet Other

Agreement

Applicant Signature: _____ Date: _____

Internship Coordinator Signature: _____ Date: _____