Congressman Adam B. Schiff

Internship Application Form

PLEASE PRINT

This application is for: ❑ Spring ❑ Fall ❑ Winter ❑ Summer
❑ Quarter ❑ Semester

My internship would begin on _____ and end on _____.

I am required to complete _____ hours of service during this placement.

What days of the week would you be available to work? _____

What hours of the week would you be available to work?_____

Name

Address

City / State / Zipcode

Telephone number(s) ( ) ( )

Email Address:

Date of birth (optional) – Must be at least 17 years old

High school Graduation date

Name of educational institution currently attending

Class standing (FR / SPH / JR / SR) Major

What languages, other than English, do you speak?

Career objectives

My academic advisor or internship supervisor is

He/she may be reached at ( )

In case of emergency, contact

Telephone Number ( ) Relationship

Signature Date

<u>For District Office positions return completed application to</u>:
Jessica Howard, District Rep. / Congressman Adam B. Schiff / 87 N. Raymond Ave. #800 / Pasadena, CA 91103
FAX: (626) 304-0572 • For more information, call (626) 304-2727.

<u>For Washington, D.C., positions, return completed application to</u>:
Hampden Macbeth, Staff Assistant / Congressman Adam B. Schiff / 326 Cannon House Office Bldg./ Washington, D.C. 20515
FAX: (202) 225-5828 • For more information, call (202) 225-4176.

<u>Please include a writing sample with this application.</u>