

U.S. SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS



INTERN APPLICATION FORM

INSTRUCTIONS

Complete and Email the following information to Internshipr@help.senate.gov if you wish to intern with the majority office or Internshipd@help.senate.gov if you wish to intern with the minority office.

** (Please use either MS Word, Adobe PDF, or RTF (Rich Text Format) for all documents) **

1. **This Form**
2. **Cover Letter** - Brief explanation about why you want to intern for the HELP Committee
3. **Resume**
4. **Writing Sample** - 2 to 4 pages of something that displays your writing skills

APPLICANT INFORMATION

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Select the months and year that you would like to intern:

Jan
☐

Feb
☐

March
☐

April
☐

May
☐

June
☐

July
☐

Aug
☐

Sept
☐

Oct
☐

Nov
☐

Dec
☐

Year:

I am interested in an internship with the:

☐

Republican Staff

☐

Democratic Staff

The issue area I would like to work on:

☐

Health

☐

Education

☐

Labor

☐

Workforce/Pensions

☐

Communications

☐

Oversight Clerk