

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 Republican office or Internshipd@help.senate.gov if you wish to intern with the Democratic 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:				
Cell Phone:				
Date of Birth:				
Email Address:				
Select the session you would like to intern:	Spring Session January - May <input type="checkbox"/>	Summer Session 1 May - June (6 weeks) <input type="checkbox"/>	Summer Session 2 June - Aug (6 weeks) <input type="checkbox"/>	Fall Session September - December <input type="checkbox"/>
I am interested in an internship with the:	<input type="checkbox"/> Republican Staff	<input type="checkbox"/> Democratic Staff		
The issue area I would like to work on:	<input type="checkbox"/> Health	<input type="checkbox"/> Education	<input type="checkbox"/> Labor	<input type="checkbox"/> Workforce/Pensions
	<input type="checkbox"/> Communications	<input type="checkbox"/> Oversight Clerk		

Education: _____

Institution: _____

Major: _____

Minor: _____

GPA: _____

Graduation date: _____

Do you intend to receive academic credit for this internship? Yes ☐ No ☐

Are you a citizen of the United States? Yes ☐ No ☐

Do you have any other employment, educational, internship, or volunteer obligations that will coincide with an internship with HELP? Please explain: Yes ☐ No ☐

*U.S. Committee on Health, Education, Labor and Pensions
428 Senate Dirksen Office Building
Washington DC, 20510*