

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: _____

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:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I am interested in an internship with the:

<input type="checkbox"/> Republican Staff	<input type="checkbox"/> Democratic Staff
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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
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