

# Office of Senator Christopher A. Coons



## Intern Application

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Address: Until: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Number(s):

Primary Email:

\_\_\_\_\_ (Mobile)

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ (Home)

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact & Number:

\_\_\_\_\_

Relationship: \_\_\_\_\_

**AVAILABILITY**

Please indicate the dates and times you are available:

Spring Summer Fall Winter (circle)

|      | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|--------|---------|-----------|----------|--------|
| Time |        |         |           |          |        |

**SCHOOL INFORMATION**

College or University: \_\_\_\_\_

Fr So Jr Sr Graduate Student (circle one)

Graduation Year: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

GPA: \_\_\_\_ out of \_\_\_\_

**\*Attach Resume\***

**Extra-Curricular Activities**

Please list all activities below:

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**Writing Statement**

Please submit a brief writing sample relevant to your major.

**Work Eligibility**

Are you legally authorized to work in the United States during your entire internship?

Yes: \_\_\_\_\_

No: \_\_\_\_\_

**Certification**

I certify that all of the information on this application is complete and accurate. I understand that any false or fraudulent answers, including withholding or omission of any information is grounds for termination of my internship. Any falsified information may be punishable by fine or imprisonment (U.S. Code, Title 18 Sec. 1001)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name