



| GENERAL                |                                      |        |  |
|------------------------|--------------------------------------|--------|--|
| First Name: Last Name: |                                      |        |  |
| Address:               |                                      |        |  |
| City:                  | State:                               | Zip:   |  |
| Phone:                 |                                      |        |  |
| Permanent Address      | (If different from above):           |        |  |
| City:                  | State:                               | Zip:   |  |
| Email:                 |                                      |        |  |
| What is the best wa    | y to contact you? E-mail P           | hone   |  |
|                        |                                      |        |  |
| DEPARTMENT P           | REFERENCE                            |        |  |
| Which department a     | are you most interested in?          |        |  |
| Would you consider     | r an internship in a different area? | YES NO |  |
| If so, please rank yo  | our order of preference:             |        |  |
| Communications:        |                                      |        |  |
| Finance:               |                                      |        |  |
| Party Affairs:         |                                      |        |  |
| Data:                  |                                      |        |  |
|                        |                                      |        |  |
| EDUCATION              |                                      |        |  |
| High School (Name      | and location):                       |        |  |
| Year of graduation:    |                                      |        |  |
| College(s) (Name a     | nd location):                        |        |  |
|                        |                                      |        |  |
|                        |                                      |        |  |
|                        |                                      |        |  |

## **AVAILABILITY**

| When are you able to start an internship in our office (mm/dd/yyyy)?     |  |  |  |  |
|--|--|--|--|--|
| What is your expected ending date (mm/dd/yyyy)?                          |  |  |  |  |
| List what hours you are available each day:                              |  |  |  |  |
| MONDAY:  |  |  |  |  |
| TUESDAY:   |  |  |  |  |
| WEDNESDAY:   |  |  |  |  |
| THURSDAY:  |  |  |  |  |
| FRIDAY:  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| SKILLS   |  |  |  |  |
| Previous office experience:  |  |  |  |  |
| Indicate your skill level with any of these (1=no experience, 5=expert): |  |  |  |  |
| Access:  |  |  |  |  |
| Excel:   |  |  |  |  |
| HTML code / XHTML / CSS:   |  |  |  |  |
| Adobe Photoshop:   |  |  |  |  |
| Adobe Indesign:  |  |  |  |  |
| Other (please list):   |  |  |  |  |
| List any special skills that qualify you for your internship preference: |  |  |  |  |
| Research skills (Lexis Nexis, etc):                                      |  |  |  |  |
| List Communications, Writing, and other relevant courses you have taken: |  |  |  |  |
|  |  |  |  |  |