

Office use only
Date received _____
Senator assigned _____

SENATE INTERN APPLICATION

NAME _____ DATE _____

LOCAL ADDRESS _____ CITY/ STATE _____ ZIP CODE _____

PHONE _____

HOME ADDRESS _____ CITY/ STATE _____ ZIP CODE _____

PHONE _____ EMAIL ADDRESS _____

ARE YOU A MINNESOTA RESIDENT? YES _____ NO _____

SCHOOL _____ LOCATION _____

MAJOR _____ YEAR _____

INTERN ADVISOR _____ PHONE _____

HOW MANY CREDITS WILL YOU RECEIVE FOR THE INTERNSHIP?

2012 Senate Internships will begin in mid January and will continue until the legislative session adjourns.

ARE YOU AVAILABLE THE ENTIRE TIME PERIOD? YES _____ NO _____
FULL TIME _____ PART TIME _____

IF NOT, WHAT DATES ARE YOU AVAILABLE? _____

IF PART TIME, APPROXIMATE NUMBER OF HOURS PER WEEK _____

WHO IS YOUR STATE SENATOR? _____

SENATOR PREFERENCE 1. _____ 2. _____

HAVE YOU CONTACTED ANY SENATORS ABOUT INTERNING? YES: ___ NO: ___

WHO? _____

DO YOU PREFER TO WORK WITH? DEMOCRAT _____ REPUBLICAN _____ NO PREFERENCE _____

Return to: Scott C. Magnuson
Senate Intern Program
Senate Information Office
Room 231, State Capitol
St. Paul, MN 55155
(651) 296-7198 or 296-2887
1-888-234-1112 (toll-free)

8-05-11

Applications should be returned no later than November 9, 2011.

(over)

INDICATE ANY AREAS OF SPECIAL LEGISLATIVE INTEREST.

LIST ANY PREVIOUS INTERNSHIPS (OR RELATIVE GOVERNMENTAL EXPERIENCE).

DO YOU HAVE ANY SPECIAL REASONS FOR WANTING TO BE AN INTERN?

ADDITIONAL COMMENTS?