



**U.S. House of Representatives  
Barbara Lee  
Member of Congress**



**Internship Application Form**

1. Date of Application:				
Personal Information				
2. Last Name	First Name	Middle Initial		
3. Present Address- Number and Street	City	State	Zip Code	
4. Home Telephone Number:	Cellular Number:	Email:		
5. Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (For informational purposes only. Your answer will not affect your application)				

Educational Information				
6. School Name:				
7. School Address- Number and Street	City	State	Zip Code	
8. Grade Level/Major:	GPA:			
9. Extracurricular Activities:				
10. Honors Received:				

Emergency Contact Information				
11. Guardian/Emergency Contact #1 Name:		Emergency Telephone Number:		
Guardian/Emergency Contact Address:		State	Zip Code	
City				
12. Guardian/Emergency Contact #2 Name:		Emergency Telephone Number:		
Guardian/Emergency Contact Address:		State	Zip Code	
City				

References				
13. Personal Reference Name #1		Telephone Number: (      )		
Address- Number and Street		City	State	Zip Code
Occupation:		Relation to Applicant:		
Years Known:				
14. Personal Reference Name #1		Telephone Number: (      )		
Address- Number and Street		City	State	Zip Code
Occupation:		Relation to Applicant:		
Years Known:				

**Background**

15. Have you previously held any position in the U.S. House of Representatives, US Senate, or the White House?

Yes  No      If Yes, please describe:

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16. Are you currently working or volunteering for any political group or candidate (including campaign, lobbyist, or campus organization)?  Yes  No      If yes, please describe:

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17. Please discuss your goals for this internship:

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18. Please discuss any issue(s) that is/are of particular significance to California's 9<sup>th</sup> Congressional District or to you personally:

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19. Are you fluent in any language other than English?  Yes  No      If yes, please specify:

In accordance with the Rules of the House of Representatives:

**“I certify that I am applying for an internship as a participant in an intern program with this congressional office. I will not perform tasks or attempt to exert influence which may directly or indirectly benefit my sponsoring organization.”**

**“I acknowledge my voluntary service does not constitute house employment, and will not now nor in the future make any claim for payment or compensation.”**

**“I will conduct myself in a manner which reflects credibly on the U.S. House of Representatives and Congresswoman Barbara Lee.”**

In signing below, I agree to the above provisions and certify that all the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Applicant:

Date:

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