

U. S. Senator Bill Nelson

FLORIDA INTERNSHIP/VOLUNTEER/WORK STUDY APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Telephone	Other Telephone/Type	Email Address	
Are you a Florida resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security No. _____

EDUCATION

College, University, High School or Other Educational Institution	Year Degree To Be Awarded	
Major Area of Study	GPA	
Languages Spoken Other Than English	List any additional skills, i.e. computer applications	
I am a: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate		
Does your school have a formal intern program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Credits available? <input type="checkbox"/> Yes <input type="checkbox"/> No
If credits are available, how many? _____		

SCHOOL CONTACT

Advisor or Program Contact	Title	
Telephone Number	Fax Number	E-mail Address

INTERNSHIP DETAILS

Please rank in order (1,2,3,4) the periods during which you are available to intern. Fall Spring Summer I Summer II

I want to be considered for an internship opportunity in:

Fort Lauderdale Fort Myers Jacksonville Miami Orlando Tallahassee Tampa West Palm Beach

Availability: Please indicate the days and hours you would be available, if possible.

Days:	Monday	Hours:	___ to ___
	Tuesday		___ to ___
	Wednesday		___ to ___
	Thursday		___ to ___
	Friday		___ to ___

Please submit the following with your application:

- Resume.
- Two letters of recommendation.
- Personal statement typed, outlining why you wish to participate in the internship program. **(No longer than one page)**

If accepted as an intern or volunteer, I understand and agree that I am being provided an opportunity to perform services in the office of U. S. Senator Bill Nelson on a gratuitous basis, and that I will not be receiving any compensation in return for the services that I perform. I further agree to abide by the rules and regulations for the office of U. S. Senator Bill Nelson.

Signature

Date