

**CONGRESSMAN BOB GOODLATTE**  
**Internship Application Form**  
**PLEASE PRINT**

I am available to begin my internship on \_\_\_\_\_ and end on \_\_\_\_\_.

Is this internship for school credit? \_\_\_\_\_ I am required to complete \_\_\_\_\_ hours of service during this placement.

What days of the week would you be available to work? \_\_\_\_\_

What hours of the week would you be available to work? \_\_\_\_\_

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

Address: \_\_\_\_\_

City/ State / Zipcode: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_

High School \_\_\_\_\_ City \_\_\_\_\_ Graduation Date \_\_\_\_\_

Name of educational institution currently attending \_\_\_\_\_

Class Standing (FR/ SPH/ JR/ SR) \_\_\_\_\_ Major \_\_\_\_\_

Career Objectives \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous government/ political experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My academic advisor or internship supervisor is \_\_\_\_\_

He/She may be reached at \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Telephone number \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Washington, DC positions return completed applications to:**

Nathan Pick, Intern Coordinator/ Congressman Bob Goodlatte/ 2240 Rayburn House Office Building/ Washington DC 20515 • Fax (202) 225-9681 • For more information call (202) 225-5431 • Due to increased security in the Capitol Complex it is recommended that you fax your application.

**For District Office positions return completed application to:**

Pete Larkin, District Director/ Congressman Bob Goodlatte/ 10 Franklin Road, SE Suite 540/ Roanoke, VA 24011 • Fax (540) 857-2675 • For more information call (540) 857-2672

**Please include a cover letter, resume and writing sample with this application**