Internship Application for the Office of Congresswoman Shelley Moore Capito

Name:	
Permanent A	Address:
Phone:	
School Addr	ess:
Phone:	
	In accordance with the Rules of the House of Representatives, please review the following and sign below:
	"A volunteer should be required, in advance and in writing, to serve without compensation and to not make any future claim for payment, and acknowledge that the voluntary service does not constitute House employment."
	"Volunteersshould be made aware of the implications their activities have for the Member in whose office they workalthough not House employees, they will conduct themselves in a manner which reflects credibility on the House."
	By signing below, you agree to these provisions. Signature Date
	wer the following questions. Feel free to attach additional sheets if necessary: //College Currently Attending:
Major:	Minor:
Current G	P.P.A Current Level of Study:
Do your pa	arents currently reside in the Second Congressional District?
Will your i	internship be applied toward degree requirements for college?
Which inte	ernship period are you applying for?
	Spring Summer Fall Winter
What are	the exact dates you would be available?
What times	s would you be available? ————————————————————————————————————

Which office location a	are you applying for?	
Washington, D.C.	Charleston	Martinsburg
Please discuss any nota	able academic experi	ences or honors.
Please list your extrac	urricular activities.	
Please list significant v	vork experience (incl	ude summer employment).
What are your goals fo	or this internship?	
What are your long-ter	rm career goals?	
Please indicate any adcongressional office.	ditional qualities (incl	luding computer skills) that you feel would be helpful in a
Please list one academitheir telephone numbe	_	eference. Please include their relationship to you and