

U.S. SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS



INTERN APPLICATION FORM

INSTRUCTIONS

Complete and Email the following information to [Internship@help.senate.gov](mailto:Internship@help.senate.gov) if you wish to intern with the majority office or [Internshipd@help.senate.gov](mailto:Internshipd@help.senate.gov) if you wish to intern with the minority office.

\*\* (Please use either MS Word, Adobe PDF, or RTF (Rich Text Format) for all documents) \*\*

- 1. This Form
2. Cover Letter - Brief explanation about why you want to intern for the HELP Committee
3. Resume
4. Writing Sample - 2 to 4 pages of something that displays your writing skills

APPLICANT INFORMATION

First Name:
Last Name:
Street Address:
City:
State:
Zip:
Home Phone:
Cell Phone:
Email Address:

Select the months and year that you would like to intern:
Jan Feb March April May June July Aug Sept Oct Nov Dec Year:

I am interested in an internship with the:
Republican Staff Democratic Staff

The issue area I would like to work on:
Health Education Labor Workforce/Pensions Communications Oversight Clerk

U.S. Committee on Health, Education, Labor and Pensions