Congressman Adam B. Schiff

Internship Application Form

PLEASE PRINT

This application is for: \square Spring \square Fall \square Winter \square Quarter \square Semester	□ Summer
My internship would begin on	and end on
I am required to complete hours of service during this	s 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	Graduation date
Name of educational institution currently attending	
Class standing (FR / SPH / JR / SR)	Major
Career objectives	
My academic advisor or internship supervisor is	
He/she may be reached at ()	
In case of emergency, contact	
Telephone Number () Rela	tionship
Signature	Date

For District Office positions return completed application to:

Ann M. Peifer, District Director / Congressman Adam B. Schiff / 35 S. Raymond Avenue, #205 / Pasadena, CA 91105 FAX: (626) 304-0572 • For more information, call (626) 304-2727.

For Washington, D.C., positions, return completed application to:

Josh Goldstein, Legislative Aide / Congressman Adam B. Schiff / 326 Cannon House Office Bldg./ Washington, D.C. 20515 FAX: (202) 225-5828 • For more information, call (202) 225-4176.

Please include a writing sample with this application.