

U. S. Senator Bill Nelson
FLORIDA INTERNSHIP 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? Yes No	Are you a citizen of the United States? Yes 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: Freshman Sophomore Junior Senior Graduate	
Does your school have a formal intern program? Yes No	Credits available? Yes 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:

Jacksonville Orlando Miami Tallahassee Tampa West Palm Beach Ft. Lauderdale

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
--------------------	---------------