



## CALIFORNIA STATE ASSEMBLY

### LEGISLATIVE INTERNSHIP APPLICATION

Contact Information	
Full Name	
Street Address	
City, State, Zip Code	
Phone Number	
E-Mail Address	

EDUCATION	
Name of School	
GPA	

AVAILABILITY					
Internship Time Period	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	
Days	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Hours					
Total Hours Desired Per Week					

ADDITIONAL INFORMATION	
Will you receive credit for this internship?	
What city you will be based during the internship?	
Do you have reliable transportation?	
How did you learn about this internship?	
Where do you get your daily news?	



<b>ADDITIONAL INFORMATION</b>	
<b>Skills</b>	
<b>Interests</b>	
<b>Awards/Honors</b>	
<b>Extracurricular Activities</b>	
<b>The Assembly requires all employees to be fully vaccinated against COVID-19, which means 2 shots and a booster. Are you fully vaccinated?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you need additional space, please attach additional pages.*

<b>CERTIFICATION STATEMENT</b>	
<b>I certify that the information contained in this application is true and complete to the best of my knowledge.</b>	
<b>I understand that any false statement is grounds for immediate dismissal from this legislative internship program.</b>	
<b>Signature:</b>	
<b>Date</b>	

*If you have any questions, comments, or concerns, please feel free to contact the office of California State Assemblymember Alex Lee at (408) 262-2501.*