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	☐ Summer	☐ Fall	☐ Winter	☐ Spring	
Days	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ 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?	

ADDITIONAL INFORMATION	
Skills	
Interests	
Awards/Honors	
Extracurricular Activities	

If you need additional space, please attach additional pages.

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

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.