

CONGRESSMAN BOB GOODLATTE
Virginia's Sixth Congressional District



Internship Application Form
PLEASE PRINT

I am available to begin my internship on _____ and end on _____.

Is this internship for school credit? _____ I am required to complete _____ hours of service during this 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 _____ City _____ Graduation Date _____

Name of educational institution currently attending _____

Class Standing (FR/ SPH/ JR/ SR) _____ Major _____

Career Objectives _____

Previous government/ political experience _____

My academic advisor or internship supervisor is _____

He/She may be reached at _____

In case of emergency, contact _____

Telephone number _____ Relationship _____

Signature _____ Date _____

For Washington, DC positions return completed application via e-mail to:

Michael Ambrose, Staff Assistant
2309 Rayburn House Office Building
Washington, DC 20515
michael.ambrose@mail.house.gov
Phone: (202) 225-5431

For District Office positions return completed application via e-mail to:

Debbie Garrett, District Director
117 South Lewis St., Suite 215
Staunton, VA 24401
debbie.garrett@mail.house.gov
Phone: (540) 885-3861

Please include a cover letter, resume, and writing sample with this application.