



# Office of Senator Dianne Feinstein

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## INTERN APPLICATION

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**To apply for an internship, please follow the instructions below carefully.** Send the documents described below in **one email** to [internapp@feinstein.senate.gov](mailto:internapp@feinstein.senate.gov). Please use your full name as the subject line of the email. Please do not mail or fax these documents.

1. Include a **short** cover letter in the body of your email. Be sure to indicate which office you are applying to (Washington, San Francisco, etc).
2. Complete the attached application form. Save with your last name (example: Smith**App**.doc).
3. Submit a writing sample (prompt below). Save with your last name (example: Smith**Sample**.doc).
4. Submit a resume, including three references. Save with your last name (example: Smith**Resume**.doc).
5. Have one letter of recommendation e-mailed to the above address. Make sure the subject line reads: Rec: Your name, and the letter addresses which office you are applying to (Washington, San Francisco, etc).

### California offices are rolling admissions

Session Name	Session Dates	Application Due Date
Summer I	May 14 - July 3	March 21
Summer II	July 9 - Aug 29	March 21
Fall*	September – December	July 19
Winter*	January – March	November 16
Spring*	April-May	February 28

\*Session dates for these periods are flexible.

**Writing Prompt:** Pretend you are writing a letter to the editor of your local newspaper describing your position on a current event. Be sure to show your understanding of both sides of the debate and explain why you find one argument more persuasive than the other. **Do not** send a paper from a college class or an article written for your school newspaper as your writing sample.

*\*\*Note: include response to prompt in a separate document. Save with your last name (example: Smith**Sample**.doc).*

# *Intern Application*

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Internship Session: ("X" one only)**

Fall	Winter	Spring	Summer (State)	Summer I (DC)	Summer II (DC)
_____	_____	_____	_____	_____	_____

**Full Time:** \_\_\_\_\_ **OR** **Part Time:** \_\_\_\_\_

**Office: ("X" one only):**

Fresno	Los Angeles	San Diego	San Francisco	Washington, DC
_____	_____	_____	_____	_____

College/University currently enrolled in: \_\_\_\_\_

Registrar's Office Phone Number: \_\_\_\_\_

**Year in School (as of today):**

Freshman	Sophomore	Junior	Senior	Graduate
_____	_____	_____	_____	_____

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Will you receive credit for this internship? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, what type of visa do you hold?  
From what country? \_\_\_\_\_