

Application for Congressional Internship Office of Congressman David Dreier

Instructions: When completing this application, please hand write all of your answers. Name: ____ Permanent Address: _____ City: _____ State: ____ Zip Code: ____ Home Telephone Number: _____ Cellular Phone Number: _____ E-mail Address: _____ Date of Birth: _____ Parent/Guardian Information: (phone Number) School Name: ______ Major: _____ School Address: ______ Year of Graduation: _____ Date of Requested Internship Cycle: Circle One: January through May June through September September through January Any Cycle Will Suit My Needs Days and Hours Available: Please indicate the office in which you would like to intern: ______D.C. Office ______District Office in San Dimas Acceptance Notification Needed By:

