

**OFFICE OF THE GOVERNOR  
INTERNSHIP INTEREST FORM**

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

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

FAX Number: \_\_\_\_\_

Position Opening or  
Area of Interest: \_\_\_\_\_

Please include a resume or cover letter that outlines your skills and experience; honors, achievements or special qualifications for the position; career goals, contact information, and time period and hours available to work.

All applicants are subject to a background check prior to hiring.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Submit to: Internship Program  
Attn: Office Administrator  
Office of the Governor  
900 Court Street NE  
Salem, OR 97301-4047