

Internship Opportunities

with

Congressman Leonard Boswell



in Washington, D.C.

INTERNSHIP OPPORTUNITIES WITH
CONGRESSMAN LEONARD BOSWELL'S OFFICE
IN WASHINGTON, D.C.

Congressman Leonard Boswell is looking for interns who want to learn more about the federal government and want to be a part of a hardworking team, dedicated to serving the citizens of Iowa's Third District.

Responsibilities: Interns are assigned to help permanent staff members who have responsibilities for tracking legislation, providing constituent services, supplying information to Iowa media outlets, and completing administrative work.

Application Procedure: All applicants must contact the Intern Coordinator for an application. The application requires a cover letter, resume, college transcript, and a letter of recommendation. Please contact:

**CONGRESSMAN LEONARD BOSWELL
ATTN: INTERN COORDINATOR
1427 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515**

Application Deadline: Students may apply at any time. For more information, please call (202) 225-3806 or write to the address above.

District Office: Casework and Office Manager internships are also available in Congressman Boswell's Osceola District Office. Please call toll-free at 1-888-432-1984 for more information.

AGREEMENT FOR THE PROVISIONS OF GRATUITOUS SERVICES

I, _____,
(First Name) (M.I.) (Last Name)

hereby state that I understand and agree that I am being provided an opportunity to perform services in the office of Representative Leonard Boswell on a gratuitous basis, designed primarily for my educational benefit, and that I will not receive compensation in return for the services that I perform. I further agree that I waive any and all claims against the United States House or the United States Government for payment of compensation as a consequence of services under this agreement.

Signature

Date

Social Security Number

INTERN APPLICATION

OFFICE OF REPRESENTATIVE LEONARD BOSWELL

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____

PERMANENT ADDRESS: _____

ZIP: _____ PHONE: _____

CURRENT ADDRESS: _____

ZIP: _____ PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

I AM APPLYING FOR INTERNSHIP DURING: WINTER SPRING SUMMER FALL

EARLIEST START DATE: _____ (CIRCLE ONE) PART TIME FULL TIME

SCHOOL INFORMATION

COLLEGE/UNIVERSITY IN WHICH CURRENTLY ENROLLED: _____

EXPECTED GRADUATION DATE: _____ CURRENT YEAR: FR SO JR SR

MAJOR: _____ WILL YOU RECEIVE CREDIT FOR THIS INTERNSHIP? Y N

ACTIVITIES/INTERESTS: _____

SCHOOL ADDRESS: _____ ZIP: _____

DATES AT THIS ADDRESS: _____

ADDITIONAL INFORMATION

WHAT WOULD YOU LIKE TO LEARN FROM THIS INTERNSHIP? AND WHY?

PLEASE ATTACH TO THIS APPLICATION A COVER LETTER, RESUME, TRANSCRIPT,
AND A LETTER OF RECOMMENDATION. RETURN THEM TO:

**CONGRESSMAN LEONARD BOSWELL
ATTN: INTERN COORDINATOR
1427 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515**

INTERN APPOINTMENT FORM

OFFICE OF REPRESENTATIVE LEONARD BOSWELL

I, _____, agree to serve as an intern in the Office of Representative Leonard Boswell. I understand that to serve as an intern with the Office, I must either be enrolled in a degree program at an educational institution OR the purpose of my internship must be to further my personal educational plan or program as agreed on by me and the Office. I understand that I am being appointed on a temporary basis and that my internship begins on _____ and ends no later than _____.

I verify that (check one):

_____ This is my first internship with the Office.

_____ I previously served as an intern with the Office from _____ to _____

Date: _____

Intern Signature

Date: _____

Intern Coordinator's Signature or
Chief of Staff

FOR OFFICE USE ONLY

An intern cannot serve a total of more than 12 months as an intern with an office.

INTERN FACT SHEET
OFFICE OF REPRESENTATIVE LEONARD BOSWELL

NAME: _____

LOCAL ADDRESS: _____

PHONE: _____

IN CASE OF EMERGENCY CONTACT: _____

ADDRESS: _____

PHONE: _____

SCHOOL/UNIVERSITY: _____

DATE OF GRADUATION: _____

ARE YOU PARTICIPATING IN AN OFFICIAL INTERN
PROGRAM? _____

IF YES, PLEASE LIST SUPERVISOR: _____

ADDRESS: _____

PHONE: _____

DATES OF INTERNSHIP: _____