

**Internship Opportunities with  
Congressman Leonard Boswell**



**for**

**Students in Office Manager Programs**

**in the**

**Iowa District Office**

**OFFICE MANAGER INTERNSHIP OPPORTUNITIES WITH  
CONGRESSMAN LEONARD BOSWELL'S OFFICE  
IN DES MOINES, IOWA**

**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.**

**Qualifications:** Applicants are preferred to be enrolled in an office management program. Applicants should have good verbal and written communication skills and proficient computer skills. A willingness to serve the public with a wide variety of concerns and the ability to work independently as well as part of a team is also important.

**Program Outline:** Internships are available in the spring and fall semesters, as well as over the summer break. Applications are accepted throughout the year. Internships are unpaid and are available for school credit if approved by the community college, technical school, college, or university. The work schedule is flexible, but an applicant should be available for at least two full days per week.

**Job Description:** Interns will be assigned to the Office Manager/Scheduler and the District Director. Responsibilities include data entry, filing reference materials, answering phones, typing letters, copying, faxing, assisting with scheduling, clipping news articles, and other general office duties.

**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  
300 East Locust, Suite 320  
Des Moines, IA 50309

**Application Deadline:** Students may apply at any time. For more information, please call toll-free 1-888-432-1984 or write to the address above.

## **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: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ 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

SCHOOL/UNIVERSITY IN WHICH CURRENTLY ENROLLED: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_ CURRENT YEAR: FR SO JR SR

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

COMPUTER SKILLS: \_\_\_\_\_

\_\_\_\_\_

ACTIVITIES/INTERESTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION

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

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

**CONGRESSMAN LEONARD BOSWELL**

**Attn: Intern Coordinator  
300 East Locust, Suite 320  
Des Moines, IA 50309**

**Casework Internships:** Casework internships are also available in Congressman Boswell's Des Moines office. Please call toll-free at 1-888-432-1984 for more information.

**Legislative Internships in Washington, D.C. Office:** Legislative internships are also available in Congressman Boswell's office in Washington D.C. Please call (202) 225-3806 for more information.

**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

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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: \_\_\_\_\_

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**IN CASE OF EMERGENCY**

CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

\* \* \* \* \*

SCHOOL/UNIVERSITY: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_

ARE YOU PARTICIPATING  
IN AN OFFICIAL INTERN PROGRAM? YES or NO (CIRCLE ONE)

IF YES, PLEASE LIST  
SUPERVISOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATES OF INTERNSHIP: \_\_\_\_\_