



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
OFFICE OF GOVERNOR GINA M. RAIMONDO

INTERNSHIP APPLICATION

Name:

Permanent Address:

(Home and/or Parents)

Home Telephone:

Cell Phone:

Email:

Date of Birth:

Parents/Guardian:

Daytime/Cell Phone: (All contact numbers so they may be notified in the event of an emergency)

College or University:

School/Apt/Temporary Address:

Year in School:

Freshman Sophomore Junior Senior

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Major:

Minor:

GPA:

Do you seek academic credit for this internship:

Advisor's name and daytime phone:

INTERNSHIP REQUESTED (check the box; note: dates are negotiable):

Fall <i>(Aug/Sept – Dec)</i>	<input type="checkbox"/>	Winter Session <i>(Dec-Jan)</i>	<input type="checkbox"/>
Spring <i>(Jan/Feb-May)</i>	<input type="checkbox"/>	Summer <i>(May-Aug)</i>	<input type="checkbox"/>

Constituent Services	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Communications	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Operations	<input type="checkbox"/>
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ACADEMIC INFORMATION: (Other Schools Attended & Date Attended)

Other Schools Attended:

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Dates: From/To

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High School:

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Dates: From/To

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Specific areas of interest to you:

Activities and Honors:

Skills applicable to internship (typing, computer, research, etc.):



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Job or volunteer experience, beginning with most recent (or attach current resume):

Names, titles and phone numbers of two references:

**** ALL INTERNSHIP OPPORTUNITIES ARE NON-PAID POSITIONS ****

Please submit your application form and a one-page letter of interest to:

communications@governor.ri.gov

If selected, I hereby agree to abide by the rules and regulations for Governor's Office employees.

Signature of Applicant

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Date

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