

**Office of Governor Arnold Schwarzenegger
Los Angeles Internship Application**

1. Name:
2. Current Mailing Address:
3. Phone Number and Cell Number:
4. Emergency Contact Information (Parent or Sibling):
5. Email:
6. Current College or University:
7. Major: (include minor and/or option):
8. Expected Graduation Date and Degree (Seniors Preferred):
9. Will you receive academic credit for this internship? _____ Yes _____ No
10. What Days/hours will you be available?
11. Do you have previous experience in federal, state, or local government?
12. Time frame preferred:
Start Date _____ End Date _____
13. Please describe why you would like to serve in the Administration of Governor Arnold Schwarzenegger?
14. How would this internship further your personal and professional goals?

Please complete this application, attach your resume, and submit it via fax to (213) 897-0319 Attn: Matthew.