

# Congressman David P. Joyce

## Congressional Internship Program

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

Home Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

### Academic Information:

Name of School: \_\_\_\_\_

Year in School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

GPA: \_\_\_\_\_ Major: \_\_\_\_\_

Are you interested in obtaining credit for this internship? ( ) Yes ( ) No

If yes, list program requirements: \_\_\_\_\_

### Internship:

( ) Summer Dates of Availability: \_\_\_\_\_

( ) Fall Dates of Availability: \_\_\_\_\_

( ) Spring Dates of Availability: \_\_\_\_\_

Hours per week: \_\_\_\_\_ If Part Time, days preferred: \_\_\_\_\_

Location: ( ) Washington, D.C. Office ( ) Mentor District Office ( ) Twinsburg District Office

On a separate page, please write one or two paragraphs informing us why you would like to intern in a Congressional Office and more specifically, why you would like to intern for Congressman Joyce.

For questions, contact my Mentor Office at 440-352-3939 or my D.C. Office at 202-225-5731.

Please email, fax, or mail this form along with your resume to Congressman David P. Joyce:

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Mentor, OH 44060  
Fax: 440-352-3622

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