



# Internship Application

## 95<sup>th</sup> Legislative District Office

### Representative Kevin Schreiber

Please complete the following application and submit it, along with an updated *resume*, to:

Office of Rep. Kevin Schreiber  
York City Government Building  
101 S. George Street  
York PA 17401

Applications can be sent electronically to Kyle Joines at [kjoines@pahouse.net](mailto:kjoines@pahouse.net) or Sully Pinos at [spinos@pahouse.net](mailto:spinos@pahouse.net).

Please feel free to contact the office at 717-848-9595 with any questions.

**The summer application deadline is May 22, 2015.**

#### ***Requirements:***

- Student interns must be a college student
- Interns will be expected to assist with handling constituent relations, answering phones, planning events, and engaging the community of the 95<sup>th</sup> Legislative District.
- The intern must complete a report throughout the length of their internship focusing on an issue relevant to their district. The topic must be approved by their supervisor within the first 3 weeks of their internship.

Interns in the District Office will have the unique experience of working with Representative Kevin Schreiber and his staff. They will learn about the legislative branch of government and have the opportunity to engage in their local and state community. Interns will be exposed to issues and legislation directly impacting the community in which they reside.

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

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

What dates are you available to perform this internship? \_\_\_\_\_

Are you applying to this internship to receive school credit? \_\_\_\_\_

How many hours between 8am-5pm are you available per week? \_\_\_\_\_

## **Education**

Type of School	Name/ City, State	Degree/GPA/Date	Field of Study
High School			
College/ Technical School			
Graduate/ Professional School			

## **References**

*Please include at least one academic reference*

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

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Company/School: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## **Supplemental Questions**

*Please respond on a separate page*

Why would you like to intern with the 95<sup>th</sup> Legislative District Office?

What Legislative issues are important to you?

**I certify that the statements in this application are accurate and true to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_