



**ASSEMBLYMAN JAMES SKOUFIS  
DISTRICT OFFICE INTERNSHIP APPLICATION**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Telephone (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_
4. E-mail Address \_\_\_\_\_
5. Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
6. County \_\_\_\_\_
7. Telephone (    ) \_\_\_\_\_
8. Current Academic Status    Junior    Senior    Other (specify) \_\_\_\_\_
9. Undergraduate School (s):

College/University	Major	Minor	Degree	Date Received	GPA

Or High school, if applicable:

High School	GPA	Diploma/Date Received

10. Plans for 2014-2015:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Extracurricular Activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. Work Experience (list dates, employer, address, title and duties)

<b>Dates</b>	<b>Employer/Address</b>	<b>Title</b>	<b>Duties</b>

Please check if resume is attached

14. List Names, Phone Numbers, and Relationship of (3) References:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

15. Do you plan on receiving college credit towards graduation upon completion of this internship?

Yes \_\_\_\_\_ No \_\_\_\_\_

16. List any public policy areas or other areas in which you are interested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **Please enclose a resume and cover letter (will not be returned)**

All of this information provided is true to the best of my knowledge. I understand that all materials submitted with this application will not be returned and are for the confidential use of the 99<sup>th</sup> District office in connection with my acceptance for the internship. I have answered all the questions as directed and enclosed all of the required supporting documents to ensure that other applicants receive full consideration. I will notify the 99<sup>th</sup> District office immediately if I withdraw my application for any reason.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Note that all internships in the district office are unpaid but can be taken for high school or college credit with approval from the student's school. When completed, please send this application and any accompanying material to:

Assemblyman James Skoufis  
11 Main Street  
Chester, NY 10918

Or email to [skoufisj@assembly.state.ny.us](mailto:skoufisj@assembly.state.ny.us) or fax to 845-469-0914