

Office of the Governor  
Arnold Schwarzenegger



## Internship Application Form

Please provide the following information:

Name:
Date of Birth
Social Security Number
Drivers License Number _____
Phone Number: _____
Address: _____
Permanent Address:
E-mail: _____
Party affiliation: (optional) _____
College address:
Major (include minor and/or option): _____
Graduation Date and Degree: _____
Will you be receiving credit for this internship? _____
If so, what is the name of the program? _____

