

Congressman Richard Hudson

Representing North Carolina's 9th Congressional District

Intern Application

Please indicate where you wish to complete your internship: | Washington, DC **Applicant Information** Last Name: First: Date: Current Address: Apt/Unit: City: State: Zip: Permanent Address: Apt/Unit: City: State: Zip: Phone: Cell Phone: Email address: **Emergency Contact:** Are you 18 years or older? Will you be receiving credit for this internship? If seeking academic credit, interns are responsible for obtaining and meeting their specific program requirements. Congressman Hudson's office will provide necessary documentation for credit upon request. Yes | No Have you ever been If yes please explain: convicted of a felony? Yes No How did you hear about our internship program? **Experience/Education and Skills** Full-time Current employment status: Part-time Not Employed Current or most recent paid position: Are you currently a full-time student? If yes, please indicate school and concentration: Yes l No Level GPA: Freshman Sophomore | Junior GPA in concentration:

Graduate student

Senior

Availability						
Please check semesters of availability:						
Fall Spring Summer Other, please explain:						
Please check your general availability	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning (approx. 9-1)						
Afternoon (approx. 1-5)						
Personal Information						
What specific experience would you like to gain through this internship?						
On a scale of 1 (most liberal) – 10 (most conservative) how would you rate yourself?						
What policy areas are of most interest to you?						
List three (3) persons, historical or current, who you most admire:						
1.)						
2.)						
3.)						
List any special	skills you think	may be an ass	et to the office.			
List any major campus, non-campus, civic, social, or political activities/organizations you have participated in during the last five years.						

Name	Relationship and contact info (e-mail and/or phone number)			
Disclaimer and Signature				
The state of the s	e true and complete to the best of my knowledge. I misleading information may result in exclusion from			

Date:

Please submit a professional resume with any relevant work and educational experience along with your completed application.

consideration or my dismissal.

Return all materials via email to:

Professional References

Signature:

Thomas.Rigali@mail.house.gov

^{*}Please specify in the email which office you are applying for.