



INTERNSHIP APPLICATION FORM

PERSONAL INFORMATION:

Name: _____ D.O.B. _____
Last First M.

Local Address: _____
Street City Zip

Permanent Address: _____
(if different) Street City Zip

Email address: _____ P.h Number: _____

IN CASE OF EMERGENCY CONTACT:

Name: _____ Relationship: _____
Last First M.

Emergency Contact Phone Number: _____

TYPE OF INTERNSHIP:

Law Internship:

Are you in Law School: YES or NO What year are you in? _____

Name of Law School: _____

Specialized Internship

What is your major? _____

Name of University: _____

What year are you in? _____

AVAILABILITY:

I am applying for: Spring Summer Fall
(circle one)

Dates of availability: _____

Please identify the workdays you would be available for internship:

DAY	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

I understand that if selected as to serve an internship with the Office of the Attorney General, I will be committing to a minimum six (6) week internship.

Student Signature

Date