Congresswoman Kathy Castor

Internship Application

Name: _____

Address: (Home) _____

(School)_____

Telephone: (home)_____ (School) _____

Email Address: _____

Valid Until: _____

Name of College/University: _____

Year in School: _____

Will you be receiving academic credit for your internship? YES___NO____

Name of supervising professor: _____

Telephone number of supervising professor: _____

References:
(1) Name: _____

Relationship: _____

Telephone: (Home) _____ (Work) _____

(2) Name: _____

Relationship: _____

Telephone: (Home) _____ (Work) _____

(3) Name: _____

Relationship: _____

Telephone: (Home) _____ (Work) _____

What do you wish to gain from your experience as a congressional intern?
_____
_____
_____
_____
_____
_____

What current issues interest you most?
1) _____
2) _____
3) _____

Are you willing to take an unpaid internship? YES _____ NO_____

What dates are you available to serve as a congressional intern?

1st choice: _____

2nd choice: _____

In which would you like to work?

Tampa: _____ DC: _____

PLEASE MAIL OR FAX THIS APPLICATION AND YOUR RESUME TO MY OFFICE:

Representative Kathy Castor
Attention: Internship Coordinator
317 Cannon House Office Building
Washington, DC 20515
Fax: (202) 225-5652
Phone: (202) 225-5652

Representative Kathy Castor
Attention: Internship Coordinator
4144 N Armenia Ave. Suite #300
Tampa, FL 33607
Fax: (813) 871-2864
Phone: (813) 871-2817