



OFFICE OF THE GOVERNOR  
 STATE OF MISSOURI  
 JEFFERSON CITY, MISSOURI  
 (573) 751-3222

MATT BLUNT  
 GOVERNOR

ROOM 216  
 STATE CAPITOL

*Please type or print application*

<b>INTERNSHIP APPLICATION</b>		
<b>I am applying for an internship in the following semester(check only one)</b>		
___ <b>Summer</b> ___ <b>Fall</b> ___ <b>Spring</b> Year ___ <b>2006</b> ___ <b>2007</b> ___ <b>2008</b>		
INTERNSHIP AREAS: (Please number, in order of preference, the offices that most interest you. Every effort is made to accommodate preferences; however, you may be considered by any office.) ___ Boards and Commissions                      ___ Communications            ___ Constituent Services ___ Legal Counsel (limited to law students)    ___ Legislative Affairs            ___ Policy		
DATES AVAILABLE TO WORK: HOURS AVAILABLE TO WORK:    PER WEEK		
<b>PERSONAL DATA</b>		
LAST NAME:		FIRST NAME:
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:		CELL PHONE:
E-MAIL ADDRESS:		
DATE OF BIRTH: _____		
ARE YOU A U.S. CITIZEN OR ALIEN LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>EDUCATION INFORMATION</b>		
COLLEGE OR UNIVERSITY:		
EXPECTED YEAR OF GRADUATION:		
DEGREE MAJOR:		

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**Narrative Responses**

Why would you be a good representative of the Governor's Office?

What would you contribute to the Intern Program?

Which of the Governor's policies is the most important to you? Why?

What do you consider your most significant accomplishment? Why?

**OTHER INFORMATION**

EXTRACURRICULAR ACTIVITIES:

COMMUNITY SERVICE AND/OR VOLUNTEER ACTIVITIES:

OTHER EXPERIENCES OR ACTIVITIES:

COMPUTER SKILLS: (check all that apply)

- Microsoft Office                       Other: Word, Excel
- Database
- Typing \_\_\_\_\_ wpm

I certify that the information contained in this application and accompanying resume is true, correct and complete to the best of my knowledge. I understand that falsification to any answers will lead to the rejection of my application and/or immediate dismissal from the program.

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

PLEASE MAIL APPLICATION, RESUME and THREE REFERENCES TO:

Internship Programs  
Office of the Governor  
Room 216, State Capitol Building  
Jefferson City, Missouri 65101