



WYOMING LEGISLATIVE INTERNSHIP PROGRAM INTERN INFORMATION FORM

Please fill out the following information and return it to your Political Science Department/Section at your educational institution no later than **TBA**. This information provides the Wyoming Legislative Service Office (LSO) with contact information for you prior to and during the session. **Please include a copy of your 2012 spring course schedule and your internship syllabus with this form.**

Name: _____
(Please write your name exactly as you want it to appear on your legislative identification badge.)

Name of College: _____

Address AT College: _____
(Street, City, Zip Code. This is the address for where you live during the school year)

Telephone at College: _____
(This is the phone number that we should use to contact you during school)

Cell Phone Number: _____
(May be same answer as above)

Semester Break Address: _____
*(Street, City, Zip Code. **If different than address at college.** This information is needed for mailings that the LSO may send to you during the Holiday Break.)*

Semester Break Telephone: _____
(If different than college telephone number. This number is needed in case the LSO needs to contact you during the Holiday Break.)

Session Address: _____
*(Street, City, Zip Code. **If different than your address at college.** If you have not made living arrangements for the internship yet, please provide this information to the LSO Intern Coordinator at the beginning of the legislative session.)*

Session Telephone: _____
(If different than your college number. If you have not made living arrangements for the internship yet, please provide this information to the LSO Intern Coordinator at the beginning of the session.)

E-mail Address: _____

Name of Contact in Case of an Emergency: _____
(Please provide the name of someone the LSO can contact during the legislative session.)

Telephone Number of Emergency Contact: _____

Anticipated Capitol Schedule:

(Please list the days of the week and times of day you anticipate spending at the Capitol to meet the requirements of your internship. If you do not know what days of the week and what times of the day you plan to spend at the Capitol, please provide the LSO Intern Coordinator with this schedule at the beginning of the legislative session.)

Will you be holding down a full-time or part-time job during your internship?

- Yes, full-time (Please note the days/hours of your work schedule: _____)
 Yes, part-time (Please note the days/hours of your work schedule: _____)
 No

Do you have extra-curricular activities that need to be factored into internship scheduling?

- Yes (Please note the days/hours of extra-curricular schedule: _____)
 No

College Major: _____ **Career Goal:** _____

Hometown: _____

Class Level: Freshman Sophomore Junior Senior Graduate Student

What public policy issues interest you?

(Please list the types of problems facing Wyoming today that you are interested in, e.g. education, health care, environment, etc.)

Activities and Hobbies: _____

(Optional information)

Please ensure that you have enclosed the following documents with this form:

- I have enclosed a copy of my spring semester course schedule.
 I have enclosed a copy of my internship class syllabus.