



# UNITED STATES CONGRESSMAN JIM RENACCI

Proudly Representing the 16<sup>th</sup> District of Ohio

## Internship Program/Externship Experience Application

Name: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Expected Date of Graduation (MM/YY): \_\_\_\_\_

Current Academic Year (check one):      Freshman      Sophomore      Junior      Senior

Major(s)/Minor(s): \_\_\_\_\_

### Please list your emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

I am applying for the (circle one):    Internship Program    Externship Experience    Both

### For the Internship Program, please complete the following section:

Will you receive credit for this internship (circle one):      Yes      No

Please list any special requirements for your internship: \_\_\_\_\_

Which internship class are you applying for?      Spring      Summer      Fall

Please outline your availability below – Our office hours are 8:30 am to 5:00 pm

	Monday	Tuesday	Wednesday	Thursday	Friday
Time In					
Time Out					



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**Internship Experience On a separate page, please answer the following questions:**

1. Why do you want to be an intern for Congressman Jim Renacci?
2. What special skills, interests, or ideas do you think you can contribute?
3. Describe any previous or current involvement including work, activities, and/or volunteer experiences.

**Additionally, please attach your resume, 1 letter of recommendation, and a writing sample.**

**For the Externship Experience, please complete the following section:**

Which Externship class are you applying for?      Spring      Summer      Fall

**Please outline your availability below - Our office hours are 8:30 am to 5:00 pm**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Time In</b>					
<b>Time Out</b>					

**Additionally, please attach your resume. No writing sample or letter of recommendation is required for the Externship Experience.**

**Student Signature is required for both the Internship Program and the Externship Experience**

*I certify that the information provided on this application is complete and accurate.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return application materials to:**

Congressman Jim Renacci  
Attn: Internship Coordinator  
1 Park Center Drive, Suite 302  
Wadsworth, Ohio 44281  
330-334-0040

[HTTP://RENACCI.HOUSE.GOV](http://renacci.house.gov)

