

**CONGRESSMAN THOMAS M. REYNOLDS
INTERNSHIP APPLICATION**

PERSONAL INFORMATION

Name: _____ Age: _____

College or University: _____

Major: _____ Minor: _____ GPA: _____

School Address:
(if different from home address) _____

School Phone Number:
(if different from home phone) _____

Email Address: _____

Home Address: _____

Home Phone: _____

Dates Available to Work: _____
(Example: Monday - Thursday, June 5 - August 18, 2006)

Location of Internship (circle one): Washington, DC Williamsville, NY Greece, NY

Internship Pledge:

If selected as an intern, I realize that my actions will reflect upon the Congressman and the U.S. Congress. I hereby agree to abide by the rules and regulations of the office of U.S. Congressman Thomas M. Reynolds.

(Sign) _____

Please fax your completed application, résumé and cover letter to:
Congressman Thomas M. Reynolds
Attn: Intern Coordinator
Fax: (202) 225-5910