



Senator Al Franken 2017-2018 High School Internship Application

Full Name: (Last, First, Middle Initial) _____ Email _____

Address _____ City _____ State _____ Zip Code _____ Student Phone # _____

What school do you attend? _____ High School Junior or Senior? _____

Parent/ Guardian: _____ Parent/ Guardian Phone # _____

Address _____

Please list any Activities You Currently Participate in Here (If you have served in a leadership role in any activities please note that as well):

Please list any Work or Volunteer Experience Here including Employer/ Organization Name and Position:

High School Internship Mentor:

During your internship experience, you will work with an adult who is willing to help you periodically with advice and assistance with the projects involved in the high school

internship experience. You are expected to complete the projects, but your mentor will advise and assist you. The mentor should be a teacher, coach, scout leader, etc. who you have a good relationship with and can help you. The person listed below should agree to be your mentor should you be accepted as an intern.

Mentor Name: _____

Relationship to You: _____

Phone Number: _____ Email: _____

Essay Questions:

Please attach your responses to your application. Each question's response should be no more than 200 words.

1. Why do you want to serve as a high school intern in Senator Franken's office?
2. Why is it important that Senators and other representatives listen to youth?
3. How do you want to help to improve the lives of youth in your community?

Additional Requirements:

- Please send 2 letters of recommendation for your application. The letters of recommendation should be from someone who can write about why you would be a good choice to be a high school intern. These people could be a teacher, mentor, coach, etc. but should not be a family member or friend.
- The high school internship is an unpaid internship experience.

I do hereby give my consent that all information provided for this application is honest and accurate. I understand the time commitment of Senator Al Franken's High School Internship program and will perform to the best of my ability.

Applicant's Signature _____ Date _____

I do hereby give my consent for my child to participate as a member of Senator Al Franken's High School Internship program.

Parent/ Guardian's Signature _____ Date _____

Complete applications must be received by Senator Franken's office via email at highschoolintern@franken.senate.gov or by mail to: Office of Senator Al Franken; 60 Plato Blvd. East, Suite 220, Saint Paul, MN 55107 by 5pm on **September 20, 2017**. Interviews will be conducted in late September and early October and high school interns who have been selected will begin their internship in mid-October.

For further questions or inquiries call Senator Franken's Saint Paul office at 651-221-1016.