



League of Women Voters of Los Angeles

INTERN APPLICATION FORM

Personal Information

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____

Requirements/Goals

Is your internship for a class or credit? Yes _____ No _____

Requirements for Internship: hours, focus, evaluation forms, etc. Please provide any forms that LWVLA will need to complete.

Instructor Name (or Other Contact) _____

College/University Name _____

Instructor Phone (____) _____ Instructor Email _____

Dates Available to Perform Internship _____

Personal Goals

More About You

Why would you like to intern for LWV Los Angeles?

What issues interest you?

How did you find out about the internship program at LWV Los Angeles?

LWVLA Website _____

School _____

LWVLA Employee/Member _____

Advertisement _____

Other _____ Identify: _____

References

Name _____ Relationship _____

Company/School _____

Telephone Number (_____) _____ Email _____

Years Known _____

Name _____ Relationship _____

Company/School _____

Telephone Number (_____) _____ Email _____

Years Known _____

To apply, email application to internships@lwvlosangeles.org as an attachment along with your resume, or mail resume and application to the League of Women Voters of Los Angeles at 3303 Wilshire Boulevard Suite 310, Los Angeles, CA 90010.