

# MIKE DEWINE FOR OHIO INTERNSHIP APPLICATION

(Please print legibly and provide all information requested. If you have questions, please contact [info@mikedewine.com](mailto:info@mikedewine.com))  
\*Mail completed application to **211 South Fifth St. Columbus, OH. 43215** or send via email to [info@mikedewine.com](mailto:info@mikedewine.com)

Name: _____			
Last	First	MI	
Date of Birth ____/____/____	Male	Female	

(DOB are required for access to university services and for pre-employment screening and will not be used for any other purpose)

Not a HS Graduate	High School/GED	Some College	College Degree	Graduate Degree
Post-Graduate	Highest Degree Earned: _____		Year Earned: _____	
High School: _____		Year Graduated: _____		
Currently Enrolled at: _____		Year: _____		

_____	Person to notify in emergency:
Permanent Street Address	_____
_____	First Name
_____	_____
City	Last Name
_____	_____
State	Phone
Zip Code	_____
Phone: (____) _____	Address
Email: _____	_____

What is your weekly availability? _____
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Area of study: Major(s): _____
Minor(s) _____

Social Media: Twitter: _____ Instagram: _____
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I attest that I am freely, without pressure or coercion, giving my time and services to Mike DeWine for Ohio as an intern working in an unpaid status. I am working in a non-salary or wage capacity solely for affiliation, educational, or personal reasons and without expectation of compensation, benefits or future employment from the internship beyond any specified reimbursement arrangements, outside stipend or affiliate agreements.

My signature below affirms that all information on this information form is accurate to the best of my knowledge and I agree to abide by the conditions outlined above.

**Intern Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only: \_\_\_\_\_ Reviewed by: \_\_\_\_\_