



Congressman David P. Joyce

Congressional Internship Program

Name: _____

Home Address: _____

Contact number: _____ Email: _____

Emergency contact name: _____ number _____

Academic Information:

Name of School _____

School Address _____

Year in School: _____ Anticipated Graduation Date: _____

GPA: _____ Major: _____

Are you interested in obtaining credit for this internship _____ yes _____ no

If yes, list program requirements: _____

Internship:

() Summer Dates of Availability _____

() Fall Dates of Availability _____

() Spring Dates of Availability _____

Hours per week: _____ If part time, days preferred _____

Location: () Washington, D.C. office () Painesville District Office () Twinsburg District Office

On a separate page, please write one or two paragraphs informing us why you would like to intern in a Congressional Office and more specifically why you would like to intern for Congressman Joyce

For questions, please contact my Painesville Office at 440-352-3939 or my DC office at 202-225-5731.

Please email, fax, mail this form along with your resume to Congressman David P. Joyce:

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