



**The Wayne Townsend Legislative Program
Office of Senator Joe Donnelly**

APPLICANT INFORMATION

Name: _____ Date of Application: _____

Permanent Address: _____
(Street) (City) (State) (Zip)

Current Address (If Different): _____
(Street) (City) (State) (Zip)

Contact Phone Number: _____ Email Address: _____

Which term are you applying for?

Fall (September 2017 – December 2017) _____

Spring (January 2017 – May 2017) _____

EDUCATIONAL BACKGROUND

College: _____ Graduation Date: _____

• Major/Minor: _____ GPA: _____

Graduate/Law School: _____ Graduation Date: _____

• Major/Minor: _____ GPA: _____

BACKGROUND INFORMATION

For the following sections, you may include additional pages when necessary

Describe your long-term career goals:

Please list your activities/interests you enjoy:

Please list any involvement in community service:

How did learn about the Wayne Townsend Legislative Program? (*Social media, friend, professor, college counselor, other*)

Areas of interest: (*Please check all that apply*)

- | | | |
|------------------|---------------------|------------|
| Agriculture __ | Labor__ | Housing __ |
| Budget __ | Defense/Military __ | Other: |
| Business__ | Healthcare __ | |
| Education__ | Immigration __ | |
| Economy__ | Energy __ | |
| Transportation__ | Environment __ | |

WRITING SAMPLE

Please explain why you think being selected for the Wayne Townsend Legislative Program and the experience gained from spending a semester in a Congressional office will help shape your future career and life goals?

Please turn the application over to complete the last page

Disclosure

Have any disciplinary or administrative actions (ex. probation, suspension, expulsion) been taken against you by your school or are any pending? Yes _____ No _____

Have you ever been convicted of a felony or misdemeanor offense? The applicant should omit traffic fines of \$100 or less, any conviction set aside under the Federal Youth Corrections Act or similar state law, and any conviction whose record was expunged under federal or state law. Yes _____ No _____

If you answered “Yes” to any questions above, please provide an explanation on a separate page and a “Yes” answer will not necessarily disqualify you from a legislative program.

If selected for the paid legislative program, I could truthfully certify one of the following: (1) I am a United States citizen; or (2) I am lawfully admitted for permanent residence and am seeking citizenship as outlined in 8 U.S.C. § 1324b(a)(3)(B); or (3) I am (i) admitted as a refugee under 8 U.S.C. § 1157 or granted asylum under 8 U.S.C. § 1158 and (ii) I have filed a declaration of intention to become a lawful permanent resident and then a citizen when eligible; or (4) I owe allegiance to the United States under the law. See Pub L. 111-117 § 704 (Dec. 16, 2009). Yes _____ No _____

Participation in the E-Verify Program

The law requires this office to comply with the E-Verify Program established by the Department of Homeland Security (DHS) and the Social Security Administration (SSA). If you are selected by our Office for the paid legislative program or will receive other remuneration from our Office, the Office will verify with the DHS and the SSA that you are eligible for employment in the United States.

Certification

My statements on this form and on all of my application materials are true to the best of my knowledge and belief. I understand that knowingly making false statements will lead to the rejection of my application or removal from the program.

Signature: _____

Date: _____

RETURN APPLICATION

Include your application, resume, writing sample and two letters of recommendation.

Please submit your application on-line to ellen_webne@donnelly.senate.gov or fax it to **202-224-5011**. Due to delays in processing of postal mail sent to Washington DC, *please do not mail in your application.*