



Governor's Office of Constituent Affairs

INTERNSHIP OVERVIEW & APPLICATION

INTERNSHIP PROGRAM OVERVIEW

Thank you for your interest in an internship at the Governor's Office of Constituent Affairs (GOCA). This program provides students an opportunity to experience the operations of state government firsthand.

Interns connect constituents to crucial state services, while developing an expertise in state government programs and functions. GOCA is responsible for all casework and correspondence, including official proclamations and letters from the Governor. Interns additionally have the opportunity to work on special projects throughout the Governor's Office.

APPLICATION PROCESS

Please complete and return all sections of the applications. The requested materials must be submitted together to: Gov.GOCAInternship@illinois.gov.

To be considered for an internship, the application must include:

- Internship Application Form
- Current Resume
- Cover letter describing why you would like to intern at the Governor's Office of Constituent Affairs
- Name, title, and contact information for an academic or professional reference (reference must be a supervisor, professor, or mentor; a letter of recommendation is **not required**)

LOCATION

Internships are only available in Springfield.

CALENDAR

Applications are accepted on an ongoing basis. Internships are available for spring, summer, and fall terms. Internship start and end dates are flexible.

CONTACT

For further details or information, contact:
Governor's Office of Constituent Affairs
401 S. Spring Street, 7th Floor
Springfield, Illinois 62706
Phone: (217) 782-1109
Email: Gov.GOCAInternship@illinois.gov



Governor's Office of Constituent Affairs

INTERNSHIP OVERVIEW & APPLICATION

APPLICATION

Name

Date of Birth

Permanent Address

City

State

Zip Code

Current Address

City

State

Zip Code

Email Address

Phone Number

Experience: _____

Areas of Interest: _____

Extracurricular Activities: _____

How did you learn of the internship program? _____



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EDUCATION

High School, City, and State

Graduation Date

College

(Expected) Graduation Date

Major/Minor

GPA

Graduate/Law School

(Expected) Graduation Date

Major/Minor

GPA

Language(s) Spoken

Fluency Level

Will class credit be earned through this internship? _____

If yes, please complete the following:

Professor

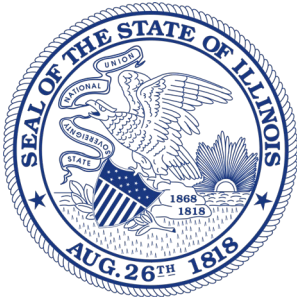
Phone Number/Email

Course Name

Total Credits Earned

Will you be receiving an outside stipend or scholarship for this internship? _____

If yes, please list your possible sponsor: _____



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AVAILABILITY

Preferred Term: Spring Summer Fall

Dates Available: _____ through _____

Hours Available:

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

CERTIFICATION

All information presented on this application are true to the best of my knowledge. I understand that knowingly making false statements will lead to my application's rejection and/or removal from the internship program.

Signature: _____ Date: _____

Please email completed applications to: Gov.GOCAInternship@illinois.gov