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
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?________________________________________
**EDUCATION**

<table>
<thead>
<tr>
<th>High School, City, and State</th>
<th>Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>College</td>
<td>(Expected) Graduation Date</td>
</tr>
<tr>
<td>Major/Minor</td>
<td>GPA</td>
</tr>
<tr>
<td>Graduate/Law School</td>
<td>(Expected) Graduation Date</td>
</tr>
<tr>
<td>Major/Minor</td>
<td>GPA</td>
</tr>
<tr>
<td>Language(s) Spoken</td>
<td>Fluency Level</td>
</tr>
</tbody>
</table>

Will class credit be earned through this internship? ____________________________

If yes, please complete the following:

<table>
<thead>
<tr>
<th>Professor</th>
<th>Phone Number/Email</th>
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</thead>
<tbody>
<tr>
<td>Course Name</td>
<td>Total Credits Earned</td>
</tr>
</tbody>
</table>

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

If yes, please list your possible sponsor: ________________________________
Governor’s Office of Constituent Affairs

INTERNSHIP OVERVIEW & APPLICATION

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.GOCAIternship@illinois.gov