

Fairfax County Democratic Committee 8500 Executive Park Ave. Suite 402 Fairfax, VA 22031

Internship Application
Please send your completed information to: FCDC Executive Director, at the address above. Or, email to internships@fairfaxdemocrats.org. Phone: (703) 573-6811

Optional: include a copy of your resume.

NAME:	
Present address:	
City:	State: Zip Code:
Email:	
Phone(s):	Phone type: Home Mobile
Name of Parent/Guardian(s) (if under 18):	
Parent/Guardian Phone(s):	
Enrolled in: □ High School □ College	
Name of School:	
Major/Minor:	Year in School:
Will you receive credit for this internship?	
Name of Intern Coordinator/ Guidance Counselor	::
Coordinator/ Counselor Phone:	
DATES AVAILABLE TO START & END INTER	RNSHIP:
DAYS & TIMES OF THE WEEK AVAILABLE I	FOR INTERNSHIP:
Please list below your computer skills / programs y	you are comfortable using:

SHORT ANSWER QUESTIONS:

that person.

Please answer the following questions in the space provided below, or you may choose to type your responses on a separate piece of paper.	
1.) List the names of any campus/high school organizations to which you belong, your roles in any major non-academic civic, social, or political activities, or any other relevant experience:	
2.) Explain why you want to be an intern for the Fairfax County Democratic Committee. What do you consider to be your major strengths and qualifications for the program?	
3.) If applicable, list any jobs or professional experience. Please describe your roles and duties.	

4.) Please list two (2) references and include name, address and phone number and your affiliation with