FXBG
City of Fredericksburg Office of Voter Registration & Elections

Internship Application

Please print clearly and complete the entire application.

You may send a resume in addition to this application

Last Name: _____

First Name: _____

Email address: _____ Best Phone #: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name of School: _____

Status: (Circle One) Freshman Sophomore Junior Senior

Is this for School Credit? _____

If yes, please list the name and address of your advisor.

_____

Do you have a current and valid Driver's License? ☐ Yes ☐ No

Dates available to work: _____

How did you find out about our internship program? _____

A: Please list the name and phone number of two personal references that are not related to you.

1.) _____

2.) _____

What department are you most interested in learning more about? (Circle One)

Officer of Election Vote-By-Mail Voter Registration

Election Law Voter Outreach

Please explain briefly what interests you most about an internship with the Elections Office.

I affirm that the information in my application is true and accurate to the best of my knowledge.

Signature:_____Date:_____

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Kate McDaid
Deputy Registrar of Community Engagement
601 Caroline Street Suite 500 Fredericksburg, VA 22401
Email: vote@vote.fredericksburgva.gov
Web: www.fredericksburgVA.gov/Vote
Telephone: 540-372-1030 Fax: 540-373-8381