

Internship Application

Please print clearly and complete the entire application. Incomplete applications will not be considered.

• Must be a high school or college student

Election Worker Vote-By-Mail Voter Registration

Last Name:	e: First Name:					
Address:						
					de:	
Name of School:						
Status: (Circle One)	Freshman	Sophomore	Junior	Senior	GPA:	
Email address:	ress: Best Phone #:					
Do you have current and valid Driver's License? \Box Yes \Box 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)						

Candidate

Voter Outreach IT

Please explain in five sentences or less what most interests yo	u about an internship with the Elections Office.
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:

Leslie Rossway Swan Indian River County Supervisor of Elections

4375 43rd Avenue Vero Beach, FL 32967

Phone: (772) 226-4700 Fax: (772) 770-5367

info@voteindianriver.gov