



2020 SDGOP Internship Application

Applicant Information			
Last Name	First	Date	
Street Address			Apt/Unit
City	State	Zip	
Phone	Cell Phone		
Email address			
How did you hear about our internship program?			

Availability
Please check all the timeframes when you'd be available:
<input type="checkbox"/> J-Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Other, please explain: _____ _____

Education and Skills	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate school: _____
Level <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other: _____	Areas of study or interest: _____
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language _____ <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic
Please describe your computer skills. In particular, what is your comfort level with Microsoft Excel, Microsoft Word, and Social Media platforms: 	

Please return completed application to:
Dan Lederman, SDGOP Chairman
 Dan@SouthDakotaGOP.com
 (605) 610-1479

Personal Information

Why are you interested in an internship with the SDGOP?

What are you specifically hoping to gain through this internship?

Describe your long-term career goals:

Anything else you want to share about yourself?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release.

Signature:

Date:

Please return completed application to:

Dan Lederman, SDGOP Chairman

Dan@SouthDakotaGOP.com

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