



CALIFORNIA  
STATE UNIVERSITY  
NORTHRIDGE



Application Deadline is **Friday, March 2, 2018**

Late applications will be accepted with permission of the Program Coordinator but priority will be given to applications received by Friday, March 2, 2018. Students are strongly encouraged to submit program applications as soon as possible so that they can start the process of securing internships. For consideration for financial assistance, applications must be received by **Friday, March 2, 2018**.

PERSONAL INFORMATION										
Last Name					First				M.I.	
Street Address							Apartment/Unit #			
City				State				ZIP		
Day/Cell Phone				CSUN Email						
Home Phone				Alternate Email						
Student ID Number										
Major					Cumulative GPA			Major GPA		
Minor				Total Units						
SKILLS										
Foreign Languages										
Research / Database										
Computer / GIS										
Social Media										
Other Technical Skills										
EMPLOYMENT AND PREVIOUS INTERNSHIPS										
Organization / Firm					Job Title					
From		To		Description						
Organization / Firm					Job Title					
From		To		Description						
Organization / Firm					Job Title					
From		To		Description						
Organization / Firm					Job Title					
From		To		Description						

---

**EXTRA-CURRICULAR AND VOLUNTEER ACTIVITIES**

Please list any extra-curricular or volunteer activities in which you have participated

**INTERNSHIP PREFERENCES**

Please indicate what types of internships most interest you (Capitol Hill, agency, non-profit, particular policy area, etc.). Does it matter to you if the office you work for is associated with a particular political party? If so, which party?

**APPLICATION ESSAY, SAMPLE RESUME, AND COVER LETTER (PLEASE ATTACH)**

In 1-2 pages, please write an essay indicating why you want to participate in the CSUN in DC Internship Program. How would participation in the program be related to your own career goals and plans for professional development?

Also, please attach a current resume and a sample cover letter to a prospective internship office. We will use this to begin working with you on your resumes, cover letters, and internship search.

**LETTER OF RECOMMENDATION (SEND UNDER SEPARATE COVER)**

Please have a letter of recommendation sent to the Program Coordinators. The letter could be from a former employer, internship supervisor, or from a faculty member who is familiar with your work and your work ethic. The letter should be in a sealed envelope and delivered to Dr. Becker or Dr. Hughes in SH 210 or, alternatively, it may be emailed to them at [dcinterns@csun.edu](mailto:dcinterns@csun.edu).

**DISCLAIMER AND SIGNATURE**

By submitting an application to the CSUN in DC Program, I agree to allow the Program Coordinator and program faculty access to my academic records including my transcript and any information held by the Student Conduct Coordinator in the Division of Student Affairs. All information will be kept confidential to the extent required by University policy. I certify that my answers are true and complete to the best of my knowledge.

Signature

Date



CALIFORNIA  
STATE UNIVERSITY  
NORTHRIDGE

### Internship Waiver of Liability & Hold Harmless Agreement

Activity: **CSUN in DC PROGRAM**

Activity Date(s) and Time(s): **May 28 – August 3, 2018**

Activity Location(s): **Washington, D.C. and surrounding region**

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California; the Trustees of The California State University; California State University, Northridge; CSU Northridge University Corporation and their respective employees, officers, directors, volunteers and agents (collectively “University”) from any and all claims, **including claims of the University’s negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risk, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney’s fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risk of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

## CSUN in DC Program Student Conduct Agreement

In consideration for my participation in the CSUN in DC Program, I agree to the following conditions:

### General Notice

I acknowledge that while participating in the CSUN in DC Program, I am representing the California State University ("CSU") system, California State University, Northridge ("University"), and the internship organization sponsoring/hosting the Event/Activity. As a responsible member of the CSU and University communities, I understand that I am expected to conduct myself in a manner consistent with the rules and regulations of the CSU, the University and the sponsor/host organization as well as all applicable federal and state laws. I also understand that any violation of these rules, regulations or laws may result in my expulsion from the CSUN in DC Internship Program and/or further disciplinary action by the University.

If I am expelled from the CSUN in DC Program, I understand and agree that the University will not be held responsible for any financial loss I may incur, including but not limited to those incurred as a result of paid registration fees, travel expenses, legal expenses, personal damages, or other expenses related to my participation in this program and my violation of this student conduct agreement ("Agreement").

Student conduct, while participating in the CSUN in DC Program is guided by the Code of Ethics for the American Society for Public Administration (ASPA) which can be found here:

<https://www.aspanet.org/ASPADocs/ASPA%20Code%20of%20Ethics-2013%20with%20Practices.pdf>

By signing this Agreement, I further agree to:

- Submit all parts of my application by the posted deadline or by a separate deadline agreed to by the Program Coordinator.
- Conduct myself with personal integrity and in a professional and responsible manner while searching for internships, in written communications, in interviews, and during the internship. Specifically, I agree I will not knowingly provide false or incomplete information to the Program Coordinator, to program faculty, or to my internship supervisor or other staff at my internship site. Other professional obligations include meeting deadlines, arriving to work on time, and conducting oneself according to all professional and ethical standards of the University and the organization in which I am placed.
- Accept individual responsibility for my actions and the consequences of my actions.
- Communicate consistently and transparently with program faculty and with internship site staff. This includes responding promptly to requests for information via email and phone and letting faculty and internship site staff know of any problems or questions in a timely manner.

By signing this Agreement, I further agree that I will not participate in the following activities while at the Event/Activity:

- Use, possession or distribution of alcohol and/or facilitating the use, possession or distribution of alcohol by any underage individual.
- Use, possession, or distribution of any illegal or illicit drug.
- Sexual assault, sexual harassment or indecent exposure. Sexual assault is defined as the implied use or threatened use of force to engage in any sexual activity against another person's will.

- Behavior that threatens the emotional or physical well-being and/or safety of participants including but not limited to any form of fighting.
- Unauthorized use of any fire safety equipment, including the activation of alarms or extinguishers without immediate cause.
- Possession of any weapons.
- Failure to attend any planned event/activity without the approval of my faculty/staff supervisor.

**Process**

The program faculty/staff supervisor will review any reports of alleged violations of this Agreement to determine the need for any immediate disciplinary action. Upon receiving a report of violation of this Agreement, the program coordinator reserves the right to report the alleged violation(s) to the Office of Student Conduct and/or require the student to return to campus during the investigation. The University's student discipline and student grievance processes will be followed in accordance with those procedures.

**I acknowledge that I have read, understand and agree to abide by this Agreement.**

\_\_\_\_\_  
Name of Student Participant (Printed)

\_\_\_\_\_  
Signature of Student Participant

\_\_\_\_\_  
Date

## Emergency Contact and Medical Release Form

Student Name: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION	
Emergency Contact Name:	Emergency Contact Name:
Relation:	Relation:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:

MEDICAL INFORMATION	
Allergies:	
Current Medications:	
Medical Conditions:	
Do you have health insurance?	Name of Health Provider:
Email:	Email:

I grant the University permission to (a) contact one or both of the emergency contacts listed above as well as University administrators and agents and (b) share protected information about my medical background, medical condition or conduct with these individuals whenever the University, at its sole discretion, determines it is necessary to do so to protect my health and safety as well as the health and safety of other students.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



## CSUN in DC LETTER OF RECOMMENDATION FORM

Name of Applicant: \_\_\_\_\_

**To be completed by a Mentor, Work or Internship Supervisor, or Faculty Member:**

This applicant is applying for the CSUN in DC Internship Program at CSUN. Students selected for the CSUN in DC Program will live, work, and learn in Washington, D.C. for an entire semester. The student will be working in a congressional office, an agency, a non-profit, or with an advocacy group for 25-40 hours per week. Students are expected to conduct themselves with professionalism and integrity and they are expected to represent the program and CSUN in a positive light. Your candid assessment of the student’s professionalism, overall maturity, and skillset is appreciated.

**Overall Rating:**  Strongly Recommend     Recommend     Recommend with Reservation     Do not Recommend  
(Check one)

**Please check the box below that best applies to the candidate for each of the three areas:**

	Excellent	Above Average	Average	Below Average	Poor
1. <b>Dependability / Reliability</b> (meets deadlines, shows up on time, keeps his/her word)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Communication / Critical Thinking Skills</b> (communicates effectively, is engaged, participates meaningfully)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Overall Maturity / Judgment</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please provide comments elaborating on the categories above. Attach additional pages if necessary.**

---

---

---

---

---

---

Evaluator Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed form to the applicant in a sealed envelope. Please contact Dr. Lawrence Becker or Dr. Tyler Hughes at [lawrence.becker@csun.edu](mailto:lawrence.becker@csun.edu) or [tyler.hughes@csun.edu](mailto:tyler.hughes@csun.edu) with any questions or concerns.**