

# CANADIAN PARLIAMENT INTERNSHIP PROGRAM APPLICATION

Dr. James T. Baker  
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Bowling Green, KY 42101  
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***PLEASE PRINT NEATLY OR TYPE.***

***ANSWER ALL QUESTIONS AND INITIAL IN ALL SPACES PROVIDED.***

***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND APPLICATION FEE WILL NOT BE REFUNDED.***

1. Full legal name \_\_\_\_\_  
First Middle (not just initial) Last

Birth name, if different from above: \_\_\_\_\_  
First Middle Last

Student ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

I would like for you to call me (or) my nick name is \_\_\_\_\_

2. City, State, Country of Birth \_\_\_\_\_

Country of my Present Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_\_

3. University or college I attend: \_\_\_\_\_

My adviser's name: \_\_\_\_\_

Adviser e-mail \_\_\_\_\_

Name and e-mail of person who will be the professor of record for my Internship credit if not the above:

\_\_\_\_\_/\_\_\_\_\_

4. My mailing address at school \_\_\_\_\_

\_\_\_\_\_

City, State & Zip at school \_\_\_\_\_

Telephone number at school / cell phone \_\_\_\_\_

E-mail at school \_\_\_\_\_

E-mail I use regularly and will have throughout the Internship:

\_\_\_\_\_

5. My Parents' Name(s): \_\_\_\_\_

Parent('s)' Address: \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Telephone at home \_\_\_\_\_ E-mail at home \_\_\_\_\_

6. Major \_\_\_\_\_ Major GPA \_\_\_\_\_ Overall GPA \_\_\_\_\_

7. Status at the end of this school year - Circle one:  Sophomore  Junior  Senior  Graduate

8. Other languages, other than English, that I speak fluently \_\_\_\_\_

9. Approximate speed at using a computer keyboard. \_\_\_\_\_/words per minute

10. Experience I have had with computers/word processing \_\_\_\_\_

11. My vocational goals: \_\_\_\_\_

12. My community, social, and recreational interests: \_\_\_\_\_

13. The skills I possess that will be helpful to me and the Parliament as an intern: \_\_\_\_\_

14. My recent work experiences, both paid and volunteer work: \_\_\_\_\_

15. My major scholastic honors and achievements: \_\_\_\_\_

**\* IF YOU HAVE A BRIEF RESUME, PLEASE INCLUDE IT WITH YOUR APPLICATION \***

16. I can work with any of the Canadian political parties. Check here \_\_\_\_\_ if applicable - best option if you have no strong preference, or feel you do not know the parties well, **\*\*OR\*\***

I would definitely like to be placed with the \_\_\_\_\_ Party.

17. I consider myself, by U.S. standards, Liberal \_\_ Moderate \_\_ Conservative \_\_ (Check only one)

18. The field of government and/or Canadian culture that interests me most:

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19. Check One - I prefer to be placed in an Anglophone \_\_\_\_\_ Francophone \_\_\_\_\_ office.

20. **\*\*REQUIRED\*\***: I am including a brief sample of my writing. Initial here: \_\_\_\_\_

*A class research paper or essay will serve this purpose.*

*Do NOT send one that is more than three pages in length.*

*DO send one that shows your language and composition skills.*

*If you want to work in a Francophone office, please send one in French.*

Topic: \_\_\_\_\_

21. **\*\*REQUIRED\*\***: I am including a letter of recommendation from an instructor or employer. Initial here: \_\_\_\_\_

Person's name, position, and e-mail \_\_\_\_\_

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**\*\*REQUIRED\*\*** *Initial EACH of the following statements on the space provided to show that you DO agree with all statements.*

22. **\*\* REQUIRED\*\*** I am enclosing a check for \$100.00 U.S. \_\_\_\_\_.

Make check payable to Canadian Parliamentary Internship Program.

Your check will be cashed only if Dr. Baker feels he can place you.

23. I understand that this \$100.00 is required to apply, and that it is nonrefundable: \_\_\_\_\_.

24. I understand that another \$1700.00 U.S., for a total of the full \$1800.00 cost of the program, is due WHEN I AM NOTIFIED of my placement \_\_\_\_\_.

25. I understand that if I withdraw from the program, for whatever reason, the part of the \$1800.00 that has, at that time, been paid for my housing and other costs of the program will NOT be refundable, and that Dr. Baker, and he alone, will determine the amount of the reimbursement, if any \_\_\_\_\_.

26. I agree to fulfill to the best of my ability all requirements of the program given to me by the director and the office to which I am assigned \_\_\_\_\_.

27. I understand that Dr. Baker will not be physically present at every moment during the internship program, and thus I will conduct myself as a responsible adult during the course of this program, both at work and in my social activities \_\_\_\_\_.

28. I fully understand that I must pay for the program AS SOON AS I am billed. I further understand that I will NOT be given time to arrange funding after billing has gone out, I am NOT depending upon possible grants and/or scholarships which my school might provide me with funding, and I AM budgeting enough funds for my transportation to and from Ottawa and for my food and incidentals while in residence \_\_\_\_\_.

29. I agree that in order to avoid interpersonal problems, I will not smoke anywhere on the floor where my fellow interns live \_\_\_\_\_.

30. I understand that the residence is for professional people, not a college dormitory, and thus I will strictly observe quiet hours between 10 p.m. and 6 a.m. EACH AND EVERY night \_\_\_\_\_.

31. I have the following special medical requirements:

**\*\*OR\*\*** Initial here if you have no special medical requirements: \_\_\_\_\_

**\*\*AND\*\*** I agree to be responsible for all of my own medical needs and considerations throughout the program \_\_\_\_\_.

32. I have the financial resources and/or an international insurance policy to handle any medical needs I may face during the program \_\_\_\_\_.

33. I agree that I will not hold Dr. James T. Baker or the Canadian Parliamentary Internship Program responsible for any injury or illness I may experience while traveling to, participating in, or making my way home from the program \_\_\_\_\_.

36. I am enclosing the required 2 x 3 inch recent snapshot of myself \_\_\_\_\_.

37. Because the Canadian Security Service will check my records, I herein state that I have NO criminal offence on my record that will prevent my being cleared for Internship in Parliament \_\_\_\_\_.

38. Check One: I have (\_\_\_), will have (\_\_\_) a current passport in May for travel to and from Canada \_\_\_\_\_.

39. I agree that I will arrive on time and will remain in Canada throughout the entire program, which begins on May 10 and runs through June 13 \_\_\_\_\_.

Send this Completed & Notarized form to:

Dr. James T. Baker  
Parliamentary Internship Program  
335 Sumpter Avenue  
Bowling Green, KY 42101

Sign before a Notary Public:

I have personally read, completed correctly to the best of my ability, and have personally initialed where required, ALL of the above, and agree to all terms and conditions within as witnessed by my signature this day before a Notary Public:

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not yet 21 years of age at the time you are filling out this form, you MUST have your parent or guardian read your application and sign the following statement before a Notary Public:

I have read, and I approve all items above for my child as witnessed by my signature this day:

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

Relationship to the intern \_\_\_\_\_

NOTARY PUBLIC:

Sworn and Subscribed before me on this day: \_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Public Signature & Stamp: \_\_\_\_\_