

## **2015 Cause of Action Capitol Hill Fellowship Program Application**

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

Location: \_\_\_\_\_

Willing to Relocate?: \_\_\_\_\_

Availability: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Secondary Contact Phone Number: \_\_\_\_\_

**Please attach your resume.**

**Please list two professional references, including each reference's contact information.**

**Please attach a sample of your previous work relevant to your application.**

**In 300 words or less, please provide a description of any proposed projects relevant to your application: (Optional)**

**Questionnaire (Each Response is Limited to 300 words)**

I. Why are you applying for this fellowship opportunity? How did you discover it?

II. What do you hope to learn from the fellowship? Be specific.

III. Describe three of your most valued experiences and/or projects. If work samples have been provided, please describe the background, approach, and results of the samples.

IV. Describe three areas of focus/expertise in which you feel most confident.

V. What are your long term career aspirations? Think big, what are your hopes and dreams? Be specific. (Hint: "I want to make a difference" isn't specific enough.)

VI. Please describe what the role of the government should be with regard to promoting economic prosperity for the United States.

**PLEASE READ THIS CERTIFICATION AND AGREEMENT CAREFULLY BEFORE SIGNING:**

By my signature on this Application, I certify that all information furnished by me in this Application, and in any resume I have supplied, is true, complete, and correct. I certify that I am at least 18 years of age or older and am currently authorized to work in the United States. I agree that any false statement made by me, or my failure to answer completely any applicable questions may result in release from, or refusal of, acceptance into the Fellowship Program. I authorize my former employers and any other persons or organization to provide any accurate information they have regarding my background, and I release all concerned from any liability in connection therewith. If I am accepted into the Fellowship Program, I understand that the relationship will be at-will, meaning I am not guaranteed to remain in the Fellowship Program for any definite period, and my participation in the Fellowship Program may be terminated at any time, without cause or notice, for any or no reason, by the entity where I am placed through CoA. I agree and understand that if I no longer remain in the Fellowship Program, I am not entitled to a monthly stipend. I also understand that if I am offered a position in the Fellowship Program, such offer may be contingent upon passing a background check by CoA and the entity where I am placed through the Fellowship Program, as well as any other conditions or requirements imposed by the entity; and that I will be required to supply proof of authorization to work in the U.S. I understand that stipend amounts paid by CoA may be required to be reported to the Internal Revenue Service and agree to provide CoA with any information requested in order to satisfy its reporting obligations. By signing and submitting this Application, I certify I am genuinely interested in the Fellowship Program and am submitting this Application for no other purpose. I acknowledge that I have read this Application carefully and understand its content.

I agree that my submission of an Application in whole or in part does not obligate CoA to accept me into the Fellowship Program. I authorize Cause of Action to use and share my personal information submitted in this Application with other individuals and organizations assisting CoA in carrying out the Fellowship Program and as otherwise provided in the CoA's terms of use (<http://causeofaction.org/terms-of-use/>) and privacy statement (<http://causeofaction.org/privacy-policy/>) as well as the government agencies participating in the Fellowship Program. I further agree to release and hold harmless CoA, its officers, members, directors, employees, and agents, from any and all liability that may potentially result from the release and/or use of my personal information submitted in this application.

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

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