



Shirley Anderson

HERNANDO COUNTY SUPERVISOR OF ELECTIONS

16264 Spring Hill Drive
Brooksville, FL 34604
P: 352.754.4125 • F: 352.754.4425

Internship Application

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

- Must be a high school or college student

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Name of School: _____

Status: (Circle One) Freshman Sophomore Junior Senior GPA: _____

Email address: _____ Best Phone #: _____

Do you have current and valid Driver's License? Yes No

Days and times available to work:

How did you find out about our internship program? _____

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)

Election Worker Vote-By-Mail Voter Registration Candidate Voter Outreach IT



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

I affirm that the information in my application is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

PLEASE RETURN YOUR COMPLETED APPLICATION AND RESUME TO:

Shirley Anderson
Hernando County
Supervisor of Elections
16264 Spring Hill Drive
Brooksville, FL 34604
Phone: (352) 754-4125 Fax: (352) 754-4425
HernandoElectionsIT@HernandoVotes.gov