



NEW YORK STATE SENATE UNDERGRADUATE SESSION ASSISTANTS PROGRAM — 2016

Sponsored by the New York State Senate since 1978

APPLICATION

Student Statement in Regard to Preparations and Understandings

- I have read the attached information in its entirety and I understand the program is not financial aid for on-campus study.
- I understand that if I am selected:
 - I must be able to present **original** documentation verifying my United States citizenship in order to be enrolled;
 - home campus faculty are responsible for academic planning/tracking/evaluation of student enrollees;
 - the Office of Student Programs will contact selected candidates by phone to conduct an initial information exchange. Students will be afforded the opportunity to ask questions relating to program expectations and activities during this time.
 - participation in orientation, all aspects of the experiential program and placement, is expected of each enrollee;
 - the on-site program at the New York State Senate in Albany includes a minimum 35 hours per week that may be extended from time to time during the legislative session or as a matter of the daily routine in the office of my individual placement;
 - Session Assistants are required to work a minimum of 35 hours per week or 70 hours per biweekly pay period. Due to the nature of legislative work, longer hours may sometimes be necessary and are to be expected during some portions of the Undergraduate Session Assistants Program. Additionally, Session Assistants must work through the last scheduled date of the Program in order to receive the full and timely payment of their final biweekly stipend check.
 - unreadiness in any matter is cause for dismissal;
 - application materials submitted become part of a **confidential** file [Public Law 93-380, Sec.438(a)(1)(B)] to be copied for dispatch during the screening and selection processes, for placement and periodic review if I am selected;
 - the file may become a resource if I am considered for further education or employment during or after the conclusion of the program;
 - all materials furnished by me are original where required and the information accurate and true to the best of my knowledge; and
 - I am expected and agree to meet all obligations of the program.

Signature of Student: _____ Date: _____

Please submit this application in coordination with your Campus Liaison Officer (CLO).

If there is no CLO on campus please write, call, fax or email:

Nicholas J. Parrella, M.A., Director

NYS Senate Office of Student Programs

Mailing Address: Legislative Office Building, # 1426, Albany, NY 12247

Location: AESOB, 80 South Swan Street, Suite 1426, Albany, NY 12247

Tel: 518-455-2611 FAX: 518-426-6827 E-mail: students@nysenate.gov

www.nysenate.gov/department/student-programs

Undergraduate Session Assistant Internship Application Instructions

1. Carefully read the Descriptive Brochure and Application.
2. If you have a Campus Liaison Officer (CLO) at your college or university who coordinates applications for this program, you must contact them for further instruction before you apply.
3. Contact your CLO, Academic Advisor, Department Chair, Dean or other duly authorized campus personnel to determine: the requirements for off-campus study; if you are eligible to participate in such a program; the amount of credit you may receive for such participation; and the identity of your on-campus evaluator.
4. Visit <http://www.nysenate.gov/department/student-programs> to complete the official application.
5. Request confidential official transcripts of all collegiate level work. These should be sent directly to your CLO/advisor (or to the Student Programs Office, if necessary). Request these early.
6. Include a one-page resume.
7. List in order of preference the three legislative policy areas you prefer for placement. Refer to the policy list on page iv.
8. Request three confidential letters of reference from persons familiar with your academic abilities and professional aptitude. These should be sent to your CLO/advisor (or Senate Student Programs).
9. Attach the required writing samples: a) *an original recent paper or essay*, which should be titled, double-spaced and limited to 6-8 pages; and b) *two one-page, single-spaced memoranda*:
 - *a policy proposal*: this can be either enacted or proposed legislation. Describe the problem you are trying to solve, what your proposal would do, and the expected outcome; and
 - *a rebuttal of the proposal*: Why wouldn't the proposal create the expected outcomes? What are the unintended consequences? What are the costs versus the benefits?
10. Include a Statement of Purpose explaining why you are applying for the assistantship (single-spaced and confined to one page only).
11. Submit completed Faculty Certification of Endorsement and Coursework-in-Progress form certifying your current coursework.
12. Campus Liaison Officers: E-mail (students@nysenate.gov) or use certified mail/return receipt requested when mailing application materials to the Senate to protect the interests of the applicant(s) should mail be delayed or lost.

Be certain to use the mailing address, not building location.

New York State Senate

UNDERGRADUATE SESSION ASSISTANTS PROGRAM

Use only the **official** application, here or online. **Type or print legibly!** Incomplete, illegible or inappropriately completed applications may not be considered. Application materials are not returnable. Applications should be complete upon receipt, including all signatures, and should be in the hands of the Director of Student Programs by the **application deadline, the last Friday in October**. (There may be an earlier on-campus deadline.) Questions should be directed to the Campus Liaison Officer first. If a CLO is unavailable to you, redirect your questions to the Director of Student Programs. Applications should be sent **Certified Mail/Return Receipt Requested** (or Express Mail) to **Nicholas J. Parrella, M.A., Director, NYS Senate Office of Student Programs, Mailing Address: Legislative Office Building, #1426, Albany, NY 12247**.

NAME: _____
(Last) (First) (MI)

YOUR CAMPUS RESIDENCE: _____
(Street & No./Bldg./Apt.) (City) (State) (Zip)

CAMPUS TELEPHONE(S): () & () _____

YOUR PERMANENT ADDRESS: _____
(Street & No./Bldg./Apt.) (City) (State) (Zip)

HOME TELEPHONE(S): () & () _____

SIGN STUDENT STATEMENT **IF YOU VOTE**, Give City & State _____

E-MAIL ADDRESS: _____

EDUCATION: List all colleges and universities you have attended; begin with the most recent and work back in time. Request all **official transcripts** to be sent to your CLO. **Complete the statement of coursework-in-progress, signed/certified by a campus official.**

| Name of Institution (Begin with most recent) | Date of Attendance to | Major/ Minor | Current Degree Goal | Date of Graduation | Overall GPA (4.0 Scale) |
|---|--------------------------|-----------------|------------------------|-----------------------|----------------------------|
| 1. _____ | _____ to _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ to _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ to _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ to _____ | _____ | _____ | _____ | _____ |

Your application is **not** complete without the required transcripts and all specified certifications.

REQUEST ALL TRANSCRIPTS **REQUEST AND INCLUDE REQUIRED CERTIFICATIONS**

SPECIAL SKILLS: Selectively list your most pertinent skill(s), talent(s), interest(s), achievement(s), honor(s), and employment in this space. Do **not** write "see resume". _____

RESUME: Include a resume with your application — one page only.

PREFERRED POLICY AREAS: See overside. List in order of preference (1 being the first) those topical areas of most interest to you.

1. _____ 2. _____ 3. _____

CONFIDENTIAL REFERENCES: Ask that three **confidential** letters of reference be sent directly to your CLO.

| NAME | Position/Title | Institution | Direct Telephone Number |
|----------|----------------|-------------|-------------------------|
| 1. _____ | _____ | _____ | () _____ |
| 2. _____ | _____ | _____ | () _____ |
| 3. _____ | _____ | _____ | () _____ |

ESSAY: Submit **original** recent work only, double-spaced, limited to 6-8 Pages.

GIVE TITLE OF ESSAY: _____

TWO MEMORANDA: 1) A policy proposal. 2) A rebuttal. (Each one page only, single-spaced).

STATEMENT OF PURPOSE: Discuss your purpose in applying, limited to one side of an 8 1/2 x 11 sheet, single-spaced.

continue to other side

Senate Standing Committees: Topical and Policy Areas

- Aging
- Agriculture
- Alcoholism & Drug Abuse
- Banks
- Children and Families
- Cities
- Civil Service and Pensions
- Codes
- Commerce, Economic Development and Small Business
- Consumer Protection
- Corporations, Authorities and Commissions
- Crime Victims, Crime and Correction
- Cultural Affairs, Tourism, Parks and Recreation
- Education
- Elections
- Energy and Telecommunications
- Environmental Conservation
- Ethics
- Finance
- Health
- Higher Education
- Housing, Construction and Community Development
- Insurance
- Investigations and Government Operations
- Judiciary
- Labor
- Local Government
- Mental Health and Developmental Disabilities
- Racing, Gaming and Wagering
- Social Services
- Transportation
- Veterans, Homeland Security and Military Affairs

Appropriate Original Documents Suitable and Acceptable for Employment Eligibility Verification of United States Citizenship are Required

Under New York State Senate guidelines coordinating with U.S. Citizenship and Immigration Services standards, those selected to be Session Assistants shall be required to confirm their United States citizenship before enrollment (see Title 8, United States Code, Sec. 1324A).

The following **original** documents qualify as independent or stand-alone forms of verification:

List A: ■ A United States Passport, ■ A Certificate of United States Citizenship, or ■ A Certificate of Naturalization.

Alternatively, inter-dependent forms of identification that satisfy rules of verification may be assembled — that is, matched — one from **each** of the following two lists:

List B: ■ A current **New York State** driver's license or NYS DMV non-driver ID *with photograph*, or ■ A United States Military Card.

List C: ■ An **original** Social Security Card — other than a card stating it is not valid for identification or not valid for employment — or ■ A Certificate of Birth issued by a state, county, or municipal authority **and** bearing certification.

If you have a special situation or set of circumstances discuss it with your CLO or the Office of Student Programs **NOW**. If you are selected, you must be able to present the necessary and appropriate identification at the time of enrollment or you will **not** be allowed to join the program and you may be separated from the program for cause at any time.

Faculty Certification of Endorsement and Coursework-in-Progress

■ I am the on-campus **Advisor-of-Record** of the applicant and a member of the college faculty/administration with authority to certify that the applicant was enrolled full-time throughout the immediately previous spring semester, is enrolled full-time during the current fall semester, and has the endorsement of the faculty of this college/university to apply for and, if selected, to enroll and earn on-campus credit for participation in the Undergraduate Session Assistants Program under the standards and rules of this college, and Senate guidelines.

■ I have reviewed the academic record and determined that the applicant is currently enrolled in and making satisfactory progress toward completion of each of the following courses:

Coursework-in-Progress

| | CODE/NO. | NAME | CREDIT |
|----------|----------|-------|--------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ |

■ I certify that I have established that all the above is true and accurate and that the applicant has the endorsement of this college as an able student suitable for mature off-campus experiential participation in the Senate program; and that I understand academic planning, tracking, and evaluation of the applicant are the responsibilities of faculty and/or administration of this college.

 Typed name of Authorized Campus Official
 Department: _____
 College: _____
 Email: _____

 Signature: Authorized Official
 Title: _____
 Tel.: _____
 FAX: _____