



**Miguel Angel Arias
Councilmember
District Three**

Fresno City Council Internship Program

Councilmember Miguel Arias values education and believes that students bring new ideas, new energy and new skills to the workforce.

Internships provide valuable work experience directly related to the student's academic field of study. Participants will be given high-level work experience that may prepare them for permanent positions in the workforce.

A. GENERAL COUNCIL INTERN POLICY

The purpose of hiring a Student Intern is to provide hands-on experience in a field of municipal operations.

The minimum number of hours a Council Intern should be available to work is 12 hours per week. During semester or vacation breaks Council Interns can work more hours than they are normally scheduled to work, if available.

B. REQUIREMENTS FOR COUNCIL INTERNS

1. Must be at least 16 years of age.
2. Must be enrolled as a full-time student at an accredited high school, college or university; proof of enrollment **must** be submitted.
3. Student must submit a letter expressing their interest in becoming a Council Intern.
4. Student must fill out a Councilmember Miguel Arias' Internship Application. They must apply directly to his office.

HOW TO APPLY:

E-mail the following items as a PDF packet to Gabriela.Olea@fresno.gov

1. Complete the Councilmember Miguel Arias' Internship Application.
2. Provide proof of enrollment, including number of semester units completed and most recent grade point average.
3. Include a letter of interest.
4. Submit 2 References (cannot be a relative).



**Miguel Angel Arias
Councilmember, District 3**

Intern Application

| Applicant Information | | |
|--|------------|------------------------|
| Last Name | First | Date |
| Street Address | | Apt/Unit |
| City | State | Zip |
| Phone | Cell Phone | |
| Email address: | | |
| Have you ever had a legislative internship before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes please explain: |
| How did you hear about our internship program? | | |

| Availability | | | | | | | |
|--|--------|--------|---------|-----------|----------|--------|----------|
| Please check semesters of availability: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other, please explain: | | | | | | | |
| Please check your general availability | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning (approx. 9-1) | | | | | | | |
| Afternoon (approx. 1-5) | | | | | | | |
| Evening (approx. 5-9) | | | | | | | |

| Areas of Interest | |
|---|--|
| Please indicate which area interests you: | |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Water |
| <input type="checkbox"/> Public Safety | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Housing and Development | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Business | <input type="checkbox"/> Education |
| <input type="checkbox"/> Youth | <input type="checkbox"/> |
| <input type="checkbox"/> Other, please explain: _____ | |

| Experience/Education and Skills |
|--|
| Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed |
| Current or most recent paid position held: |

| | |
|--|--|
| Are you currently a full-time or part-time student? <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student | Please indicate school: |
| Level <input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate student | Areas of study (major): |
| Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list language: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic |
| Computer Skills/Software Used: | |

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|--|
| Personal Information |
| Why are you interested in an internship in our council office? |
| What specific experience would you like to gain through this internship? |
| Describe your long-term career goals: |

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|--------------------------------|--|
| Professional References | |
| Name | Relationship and contact info (e-mail and/or phone number) |
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|---|-------|
| Disclaimer and Signature | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship assignment, I understand that false or misleading information in my application may result in my release. | |
| Signature: | Date: |