

# VALLEY LEGISLATIVE INTERNSHIP PROGRAM SUMMER 2025 APPLICATION FORM

The Valley Legislative Internship Program offers qualified college students the opportunity to work part-time in an elected official's office in the San Joaquin Valley. Office locations include, but are not limited to: Stockton, Modesto, Merced, Fresno, Hanford, Visalia, and Bakersfield.

## **Eligibility Requirements:**

- 3.0 cumulative GPA or higher.
- Minimum of 30 units completed or enrolled in a graduate program.
- Available to work a minimum of 10-15 hours per week to complete 150 hours during the summer term.
- Connection to the San Joaquin Valley.

San Joaquin Valley?

### **Application Submission Requirements:**

Please submit the following via email to Emily Peacock at <a href="mailto:epeacock@csufresno.edu">epeacock@csufresno.edu</a> by <a href="mailto:March14">March14</a>, <a href="mailto:2025">2025</a>.

□ Completed Application Form: All sections must be completed and signed.				
☐ Current Resume				
☐ College Transcripts: Copies of unofficial transcripts are acceptable. Your name				
and total GPA must appear on the document.				
☐ One-Page Personal Statement: Consider the following topics and questions.				
<ul> <li>Describe any relevant background or skills that would make you ar</li> </ul>				
ideal candidate for this program				
• What experience or interest do you have in public service?				
<ul> <li>Describe a time you took initiative or demonstrated leadership.</li> </ul>				
<ul> <li>What have you learned from living, working, or attending school in the</li> </ul>				

How will this internship help you achieve your career goals?

For questions, please contact Emily Peacock at <a href="mailto:epeacock@csufresno.edu">epeacock@csufresno.edu</a> or call (559) 278-1133.

4910 North Chestnut Avenue Fresno, California 93726 (559) 278-1133 www.maddyinstitute.org



#### **CONTACT INFORMATION**

CONTACT IN ORMAT	1011		
First Name:		Last Name:	
Phone Number:		Email:	
Address, City, State Zip	Code:		
ADDITIONAL INFORMA	ATION		
School:		Major:	
Student ID #:	Expected Graduation:	Overall GPA:	Completed Units:
THREE PROFESSIONAL	REFERENCES (No frier	nds or family.)	
First Name:		Last Name:	
Company:		Relation:	
Phone Number:		Email:	
Address, City, State Zip	Code:		
		T	
First Name:		Last Name:	
Company:		Relation:	
Phone Number:		Email:	
Address, City, State Zip	Code:		
<b>-</b>			
First Name:		Last Name:	
Company:		Relation:	
Phone Number:		Email:	
Address City State 7in	Code:		

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### **PLACEMENT**

Please mark the area or areas in which you are applying to serve an internship.  ☐ North Valley (Stockton, Modesto, Merced, etc.)  ☐ Control Valley (Stockton, Modesto, Merced, etc.)
<ul><li>Central Valley (Fresno, Hanford, Visalia, etc.)</li><li>South Valley (Bakersfield)</li></ul>
Which city will you be living in during the Summer 2025 term?
If selected, would you be willing to commute to an office outside of your city?  \[ \subseteq \text{No} \]  \[ \subseteq \text{Yes (please specify how far)} \]
AREAS OF INTEREST In 250 words or less, briefly share the top 1–3 policies or political issues you are most interested in and why.



Please mark which level or levels of government you  Local  State  Federal	u are most interested in.
SIGNATURE REQUIRED	
<ul> <li>□ I understand that if extended an internshi course to receive academic credit OR enroll for at least one (1) unit credit and complete Plan with a supervising faculty member. A through each academic department an applicants must contact their own science requirements and forms.</li> <li>□ I certify that all of the statements contain complete, and correct to the best of my known faith, to fulfill all components of The Mad Program.</li> </ul>	in an Independent Study program an Internship Proposal or Learning Note: Academic credit is granted and graduate program. Selected thool/academic department for ined in my application are true, nowledge. I am prepared, in good
Signature:	Date:



Note: Completion of the following section is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used per the provisions of applicable laws, executive orders, and regulations.

Ho	w did you hear about our Legislative Internship Program? (Select all that apply)
	Professor/faculty/staff (Please specify below)
	Past Intern (Please specify below)
	Social Media
	Career Fair
	Web search
	Other (Please specify below)
Wh	nat is your gender identity? (Select all that apply)
	Female
	Male
	Nonbinary
	Other (Please specify below)
	Prefer not to disclose
	nat is your race/ethnicity? (Select all that apply)
	Asian
	Black or African American
	Hispanic or Latino/a/x
	Middle Eastern
	Native American or Alaskan American
	White
	Other (Please specify below)
	Prefer not to disclose

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