



ASSEMBLY MEMBER
CRISTINA GARCIA
 58TH DISTRICT

*Thank you for your interest in our internship program.
 Please provide the following background information.*

Personal Information		Emergency Contact Information	
Name:		Contact:	
Address:		Relationship:	
City, Zip:		Address:	
Phone:		City, Zip:	
E-mail:		Phone:	
Languages spoken:		E-mail:	

Education: School/College/University: _____

Grade /Year (Fr, So, Jr. Sr.): _____ Major/Study (if any): _____

Languages Spoken: _____

Have you had experience with the following office essentials?

Microsoft Word Microsoft Excel Microsoft Power Point Mail Merge
 Microsoft Outlook Fax Machine Filing Documents Copy Machine
 Data Entry

Please use numbers 1-7 to prioritize your areas of interest:

Education Health Technology Veterans Public Safety
 Constituent Services Environment Other: _____

Brief Essay Questions: (Please attach additional pages)

- 1. Why are you interested in interning for Assemblymember Cristina Garcia?**
- 2. What plans do you have after college?**
- 3. How do you see this internship supporting your future career goals?**

*Please mail, fax, or e-mail attached application along with resume and cover letter to:

For Capitol Office internships: Mandi Strella - State Capitol, P.O. Box 942849 Sacramento, CA 94249-0058
Fax (916) 319-2158 Phone (916) 319-2058

For District Office internships: Patrick Sunpanich-8255 Firestone Blvd. Suite 203, Downey, CA 90241
Fax (562) 861-5158 Phone (562) 861-5803