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INDIO DISTRICT OFFICE
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SUITE B
INDIO, CA 92201
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California State Senate

SENATOR
MELISSA A. MELENDEZ
TWENTY-EIGHTH SENATE DISTRICT



COMMITTEES
HEALTH
VICE CHAIR
HUMAN SERVICES
TRANSPORTATION

SUBCOMMITTEE
BUDGET
SUBCOMMITTEE #3
ON HEALTH & HUMAN
SERVICES

Senator Melissa Melendez Youth Advisory Council Application

Name: _____

Address: _____

Phone: (____) _____ E-Mail: _____

High School or College: _____ Current Grade/Year: _____

Desired start date: _____ Desired end date: _____

Please list your availability:

Day	Time
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Please respond to the following questions:

1. Why are you interested in joining Senator Melendez's Youth Advisory Council?
2. What are your strengths that would be most applicable to this program?
3. What areas of policy interest you most?
4. What do you hope to get out of the Youth Advisory Council?
5. Will you be taking this internship for college or high school credit? Please explain.

*Thank you for your interest in Senator Melendez's Youth Advisory Council. Please
E-mail this application as well as your resume to Nicki Taylor at Nicki.Taylor@sen.ca.gov.*