

Internship Opportunity

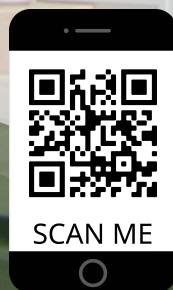
The Pinole City Council invites you to learn about and engage in the work of local elected officials and city operations. This is a great opportunity to gain valuable work experience!

QUALIFICATIONS

- MUST BE CURRENTLY ENROLLED AT PVHS
- AVAILABLE TO WORK UP TO 15 HOURS/WEEK
- BASIC PRINCIPLES OF MUNICIPAL ADMINISTRATION
- COMPUTER APPLICATIONS RELATED TO WORK-SOCIAL MEDIA
- RECORDS MANAGEMENT PRINCIPLES AND PRACTICES

NOTE: SUCCESSFUL CANDIDATES WILL BE REQUIRED TO PASS A BACKGROUND CHECK.

**EARN
UP TO
\$500 PER
MONTH**



**APPLY TODAY! APPLICATION SCREENING
BEGINS LATE SEPTEMBER 2023**

For application and internship details, submit questions to: personnel@ci.pinole.ca.us



City of Pinole – City Council Intern Application Form

2131 Pear Street, Pinole CA 94564

This form must be completed and submitted to Human Resources (personnel@ci.pinole.ca.us) by anyone who wishes to intern for the City of Pinole City Council.

PERSONAL INFORMATION

| | | | |
|-----------------------------|---|----------------|-----------------|
| Full Name (Last, First, MI) | | | |
| Address | | | |
| Telephone No. | | | |
| Email Address | | | |
| Valid CA Driver's License | <input type="checkbox"/> No <input type="checkbox"/> Yes | License Number | Expiration Date |

EDUCATION

| | | | | |
|--|---------------------------------------|---|--------------------------------------|--------------------------------------|
| Name of High School | | | | |
| Current Grade Level | <input type="checkbox"/> 9 – Freshman | <input type="checkbox"/> 10 – Sophomore | <input type="checkbox"/> 11 – Junior | <input type="checkbox"/> 12 – Senior |
| Classes or Extra Curricular Activities Related to the position for which you are applying: | | | | |

INTERESTS

| | |
|---|---|
| <u>Please check all that apply:</u> <input type="checkbox"/> Scheduling Support <input type="checkbox"/> Social Media Support <input type="checkbox"/> Policy / Legislative Research <input type="checkbox"/> Correspondence / Report Writing | <input type="checkbox"/> Computer / Data Entry / Analysis <input type="checkbox"/> Filing / Document Organization <input type="checkbox"/> Community Outreach / Event Attendance <input type="checkbox"/> Project / Event Planning & Coordination <input type="checkbox"/> Other: |
|---|---|

AVAILABILITY

| Please fill in the days and times you are available: | | | | | | |
|--|---------|-----------|----------|--------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| | | | | | | |

WORK / VOLUNTEER EXPERIENCE

☐ Please check here if work/volunteer experience is not applicable.

| | |
|------------------|-------|
| Employer | _____ |
| Employment Dates | _____ |
| Job Title | _____ |
| Duties | _____ |
| | _____ |

| | |
|------------------|-------|
| Employer | _____ |
| Employment Dates | _____ |
| Job Title | _____ |
| Duties | _____ |
| | _____ |

NEPOTISM

Are any relatives employed by the City of Pinole? ☐ No / ☐ Yes

If YES, please identify the relative and relationship.

I hereby certify that all statements made herein or otherwise by me are true and correct.

Applicant Signature

Date

If applicant is under the age of 18, a parent or legal guardian must sign this form.

Parent/Guardian Signature

Date

Intern Supplemental Questionnaire

1. Which Elected Official do you have an interest in interning with?

☐ Norma Martinez-Rubin

☐ Anthony Tave

☐ Devin T. Murphy

☐ Maureen Toms

☐ Cameron N. Sasai

☐ Any of the mentioned Elected Officials

2. Are you related to any of the Elected Officials listed above?

☐ No.

☐ Yes, I am related to:

3. What kind of hobbies do you enjoy?

4. What technical skills (i.e., writing, research/analysis, communication, organization) do you possess that will help you succeed in this internship?

5. What is your greatest talent/passion? How do you want to utilize that talent/passion for this internship?

6. What would you like to learn from this internship?

CITY OF PINOLE

VOLUNTEER WAIVER AGREEMENT

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space indicated.

- I certify all information contained on this application is true and complete to the best of my knowledge and belief and has been given voluntarily.
- I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Pinole from any liability whatsoever for supplying such information.
- I understand a criminal record check may be conducted.
- I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such action.
- As a volunteer, I agree to perform to the best of my ability the tasks as outlined in my job description or the tasks established by my supervisor; to accept supervision, maintain confidentiality; observe stated goals and objectives and give my supervisor adequate notice before termination as a volunteer.
- I will not distribute unauthorized literature of any type.
- As a volunteer, I understand I will not be paid for my services, and I am not entitled to a job at the conclusion of my service. The City of Pinole will not provide me with employee benefits, accident insurance, death benefits, nor does the City of Pinole carry commercial general liability insurance covering volunteers.
- I fully understand and agree that either for failure to fully comply with all the obligations outlined in the Volunteer Application, or for any reason whatsoever, while performing my voluntary services to the City of Pinole in voluntary capacity, the City of Pinole at its sole discretion, may immediately terminate my volunteer services.
- In consideration of the City accepting my participation as a volunteer, I agree on behalf of myself, my heirs, executors, administrators and assigns, to hold the City, its officers, agents, representatives, and employees harmless from injuries or damages that may occur to my person and/or property while participating as a City volunteer, even if the injury or damage results from the negligence of the City and/or its officers, agents, representatives or employees. Further, I waive, release, discharge and agree not to sue the City and/or its officers, agents, representatives, and employees for any personal injury, including death, and/or property damage that I may incur as a volunteer. I understand that if I act outside my scope or authority as a City volunteer, I could be subject to a lawsuit against me for which the City will not defend and understand that I could be subject to various penalties, including imprisonment, if subject to a lawsuit.

I have carefully read this release and fully understand its contents. I understand that this is a release of all liability. I am aware that by signing this release I am giving up important legal rights. I have signed this release freely and voluntarily. I have been advised that, under Worker's Compensation laws, Worker's Compensation benefits will be the sole and exclusive remedy if I am injured while performing my assigned duties as a volunteer for the City.

Applicant's Signature/Date

If applicant is under the age of 18, a parent or legal guardian must sign this form.

Parent or Legal Guardian Signature/Date

**SUBMIT THIS COMPLETED PACKET TO THE HUMAN RESOURCES DEPARTMENT AT
PERSONNEL@CI.PINOLE.CA.US**