



## ECPO - 2018 Summer Youth Internship Program Application

**Please type or print the following information.**

Student's Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent's E-mail address: \_\_\_\_\_

Student's E-mail address: \_\_\_\_\_

SS #: \_\_\_\_--\_\_\_\_--\_\_\_\_ Sex:  F  M Age: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ United States Citizen:  Yes  No Green Card:  Yes  No

What is the primary language spoken at home? \_\_\_\_\_ Is English is a 2<sup>nd</sup> language?  Yes  No

T shirt size  Small  Medium  Large  XL  XXL

### High School Information

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Principal: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

### Parent / Guardian Contact Information

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Return this application and all supporting documentation no later than March 9, 2018**

This application and/or program may be subject to change.



## ECPO - 2018 Summer Youth Internship Program Application

### Medical / Emergency Contact Information

Student's Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Sex:  F  M Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does the student have any existing medical conditions we should know about?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any medications (both over the counter and prescription) that the student may be taking during the summer internship.

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts

(Provide two separate emergency contacts with different addresses and phone numbers.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

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In case of an emergency contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

*(Medical information provided for Trooper Youth Week may be used by the Essex County Prosecutor's Office  
if and when there is an emergent medical need.)*

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### Permission Slip

\_\_\_\_\_ has my permission to participate in the  
*Print Student's Name*

5 (five) week summer internship being sponsored by the Essex County Prosecutor's Office beginning, **July 5, 2018** and concluding on **August 3, 2018**. During which time he/she will participate in the Trooper Youth Week Program at the New Jersey State Police Academy in Sea Girt, NJ. I am aware that he/she will be participating in physical fitness activities and that the overall internship will require light to moderate walking. I am aware that he/she will be required to submit a physical fitness form which is to be completed by his/her physician stating his/her health status. He/she is in good physical health and should be able to participate in all aspects of the 5 (five) week program.

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_\_  
Print Parent / Guardian's Name

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## **ECPO - 2018 Summer Youth Internship Program Application**

### **Essays**

Please Answer the Following Questions. Please limit your **type written** response to 250 – 500 words.

#### **Question 1 of 2:**

**Why do you want to participate in the Essex County Prosecutor's Office Youth Summer Internship Program?**

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## **ECPO - 2018 Summer Youth Internship Program Application**

**Question 2 of 2:**

**What have you done to help your community or how would you like to help your community?**

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**ECPO - 2018 Summer Youth Internship Program**  
**Application**  
**School Recommendation Form**

Student's Name: \_\_\_\_\_

High School: \_\_\_\_\_

Please complete the following questions.

Why do you believe this student would benefit from the ECPO Summer Internship Program?

**How would you rate this student on the following?**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Attendance				
Attitude				
Citizenship				
Ability to adapt to new environments				
Personal Motivation				

Additional Comments: (Personal Strengths etc.)

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Name of Person Completing Letter of Recommendation: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

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## ECPO - 2018 Summer Youth Internship Program Application

### Personal Letter of Recommendation

In the space provided please *type* your letter of recommendation. In your letter of recommendation please indicate how you know this young person, the length of time you have known him/her as well as discuss their community involvement. ***Please note: This recommendation must come from a non-family member. I.e. The person giving this recommendation cannot be related to the applicant.*** (Additional sheets may be attached if necessary):

Student's Name: \_\_\_\_\_

High School: \_\_\_\_\_

Name of Person Completing Letter of Recommendation: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## ECPO - 2018 Summer Youth Internship Program Application

Please print or type nominee information.

<u><b>Nomination Form</b></u>		
<b>Nominee First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Address:</b>		<b>Apt. No.:</b>
<b>City:</b>	<b>Zip Code:</b>	<b>State:</b>
<b>Home Phone: (      )</b>	<b>Social Security No.:</b>	
<b>Sex:</b> <input type="checkbox"/> F <input type="checkbox"/> M	<b>Age:</b>	<b>Date of Birth:</b>
<u><b>High School Information</b></u>		
<b>Name of High School:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Will the nominee be a senior in September 2017?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Principal:</b>	<b>Phone Number: (      )</b>	
<b>Guidance Counselor:</b>	<b>Phone Number: (      )</b>	
<u><b>Referral Information</b></u>		
<b>Name of Person Submitting Form:</b>		
<b>Title:</b>	<b>Phone Number :(      )</b>	
<b>Signature:</b>	<b>Date:</b>	

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**ECPO - 2018 Summer Youth Internship Program**  
**Application**  
**Application Checklist**

- Student Application
- Permission Slip
- 2 Essays
- School Letter of Recommendation
- Personal Letter of Recommendation
- Nomination Form

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