



## ECPO - 2020 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 Are you over 18?  Yes  No 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 13, 2020**

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



## ECPO - 2020 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: \_\_\_\_\_ Are you over \_\_\_\_\_ 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 6, 2020** and concluding on **August 7, 2020**. 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 - 2020 Summer Youth Internship Program Application**

### **Essays**

Please answer the following three questions. Please limit your typed written response to 250 –500 words for the first two questions. The typed written response for the third question must have a minimum of 500 words.

#### **Question 1 of 3:**

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

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## **ECPO - 2020 Summer Youth Internship Program Application**

**Question 2 of 3:**

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

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### **Question 3 of 3:**

**Describe leadership traits that you consider important and how these attributes relate to the law enforcement profession.** (This essay has a 500-word minimum.)

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**ECPO - 2020 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.)

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

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

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

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

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## ECPO - 2020 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 - 2020 Summer Youth Internship Program  
Application  
Application Checklist**

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

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