



ECPO - 2012 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: (____) _____

E-mail address _____

SS #: _____ -- _____ -- _____ Sex: F M Age: _____

Date of Birth: ____/____/____ United States Citizen: Yes No

Green Card: Yes No English as a 2nd Language: Yes No

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, 2012



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Student's Name: _____

Student's Signature: _____

Date: _____



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Medical / Emergency Contact Information

Student's Name: _____
Last *First* *M.I.*

Address: _____ Apt No: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ SS #: ____--____--____

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 Contact

In case of an emergency contact:

Name: _____

Address: _____ Apt No: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Evening Phone: (____) _____ Cell Phone: (____) _____

Relationship: _____

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Permission Slip

_____ has my permission to participate in the
Print *Student's Name*
6-week summer internship being sponsored by the Essex County Prosecutor's Office beginning, **June 29th, 2012** and concluding on **August 3, 2012**. 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 6-week program.

Parent / Guardian's Signature

Print Parent / Guardian's Name



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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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Question 2 of 2:

What would you like to do to help your community?



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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?

	Excellent	Good	Fair	Poor
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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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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Please print or type nominee information.

<u>Nomination Form</u>		
Nominee First Name:	Middle Initial:	Last Name:
Address:		Apt. No.:
City:	Zip Code:	State:
Home Phone: ()	Social Security No.:	
Sex: <input type="checkbox"/> F <input type="checkbox"/> M	Age:	Date of Birth:
<u>High School Information</u>		
Name of High School:		
Address:		
City:	State:	Zip Code:
Will the nominee be a senior in September 2011? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Principal:	Phone Number: ()	
Guidance Counselor:	Phone Number: ()	
<u>Referral Information</u>		
Name of Person Submitting Form:		
Title:	Phone Number :()	
Signature:	Date:	



**ECPO - 2012 Summer Youth Internship Program
Application
Application Checklist**

Student Application

Permission Slip

2 Essays

School Letter of Recommendation

Personal Letter of Recommendation

Nomination Form