



ECPO - 2024 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: M F 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 2nd 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 18, 2024. The entire application with recommendations must be submitted together.

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



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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: _____

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

4 (four) week summer internship sponsored by the Essex County Prosecutor's Office. The first session will run Monday through Friday from 9:00 a.m. through 3:30 p.m. The program will run from Friday, **July 5, 2024**, through **August 2, 2024**. I am aware that sessions will be held in person inside the Essex County Veterans Courthouse Complex. Interns will attend educational and cultural trips. Interns will receive a copy of the schedule on the first day of the program. The program is subject to change.

Parent / Guardian's Signature

Print Parent / Guardian's Name

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Essays

Please write essays in response to the below prompts. Please limit your **type written** response to 250 – 500 words for the first essay.

Essay 1 of 2:

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

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Essay 2 of 2:

Describe leadership traits you consider important and how these attributes relate to the law enforcement profession.

(This essay may meet or exceed 500 words but shall not be less than the 500-word minimum.)

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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: _____

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Signature: _____

Date: _____

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: () 		Cell Phone: ()
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	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 2023? <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:

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Application Checklist

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

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