



# ECPO - 2026 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 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: \_\_\_\_\_

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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

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

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 Monday, **July 6, 2025**, through Friday, **August 7, 2026**. 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 participate in Trooper Youth Week, a residential youth educational program sponsored by the NJ State Police. Interns may be excused from Trooper Youth Week for documented medical reasons and if over the age of 18. 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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# ECPO - 2026 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?**

	Excellent	Good	Fair	Poor
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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### 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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# ECPO - 2026 Summer Youth Internship Program Application



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

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

Please print or type nominee information.

<b><u>Nomination Form</u></b>		
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:
<b><u>High School Information</u></b>		
Name of High School:		
Address:		
City:	State:	Zip Code:
Will the nominee be a senior in September 2026? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Principal:	Phone Number: ( )	
Guidance Counselor:	Phone Number: ( )	
<b><u>Referral Information</u></b>		
Name of Person Submitting Form:		
Title:	Phone Number : ( )	
Signature:	Date:	

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## ECPO - 2026 Summer Youth Internship Program Application



### Application Checklist



Student Application



Permission Slip



2 Essays



School Letter of Recommendation



Personal Letter of Recommendation



Nomination Form



Essex County Sheriff Office  
Identification Card Request Form

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