



**The Essex County
Prosecutor's Office is
looking for high
school juniors who
live in Essex County to
participate in an
exciting 5-week
summer internship
program!**

**Learn about careers in law,
law enforcement and
government!**

**Participate in workshops
that focus on making
positive choices and
character education.**

Attend cultural events.

**APPLICATIONS CAN BE
FOUND ONLINE AT
WWW.NJECPO.ORG UNDER
COMMUNITY PROGRAMS.
COMPLETED APPLICATIONS
DUE ON MARCH 11, 2019**

ARE YOU A HIGH SCHOOL JUNIOR THAT LIVES IN ESSEX COUNTY?

**ARE YOU INTERESTED IN LEARNING ABOUT A CAREER IN EITHER
LAW, LAW ENFORCEMENT OR GOVERNMENT? IF SO, LOOK NO
FURTHER.....**

2019 ESSEX COUNTY PROSECUTOR'S OFFICE SUMMER YOUTH INTERNSHIP PROGRAM

The Essex County Prosecutor's Office will host a summer internship program beginning on July 8, 2019 and concluding on August 9, 2019 to introduce high school juniors to careers in law, law enforcement and government. Applications can be found online at www.njecpo.org under Community Programs. You can contact Mrs. Nicole Graves-Watson, Community Justice Coordinator at (973) 621-4317 or nicole.graves@njecpo.org for info.

OFFICE OF THE ESSEX COUNTY PROSECUTOR

THEODORE N. STEPHENS, II ACTING ESSEX COUNTY PROSECUTOR

ESSEX COUNTY VETERANS COURTHOUSE, NEWARK, NEW JERSEY 07102

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ROMESH C. SUKHDEO
ACTING FIRST ASSISTANT PROSECUTOR

MITCHELL G. McGUIRE III
ACTING CHIEF OF DETECTIVES

January 7, 2019

Dear Prospective Summer Intern:

The Essex County Prosecutor's Office (ECPO) is offering a five-week summer internship program beginning July 8, 2019 through August 9, 2019 for students completing their junior year by June 2019. During this exciting five-week internship program, students will be exposed to a comprehensive curriculum that includes: learning about the role and function of the Essex County Prosecutor's Office; participating in the New Jersey State Trooper Youth Week, a five day long residential program; participating in a mock trial; and interfacing with the corporate and the community-based partners on the ECPO Community Justice Advisory Board. Throughout the summer internship program, interns will be exposed to various careers in law, law enforcement and government. Interns will also participate in cultural events.

Thirty students will be chosen for the program and the ECPO Community Justice Advisory Board will make the final student selections based on the following criteria:

- ◆ Must reside in Essex County.
- ◆ Nomination by a teacher, school resource officer, religious leader etc.
- ◆ Completion of Junior year by June 2019
- ◆ Positive attitude, good reputation and sound moral character
- ◆ Good academic standing
- ◆ The ability to participate in a structured professional environment
- ◆ Good attendance
- ◆ 2 Letters of Recommendation (1 Academic and 1 Personal)

Completed application packets are due **no later than March 11, 2019** to Mrs. Nicole Graves-Watson, Community Justice Coordinator, Office of the Essex County Prosecutor, 50 West Market Street, Third Floor, Newark, New Jersey 07102. Recommendation letters must be included with your application. **Incomplete and faxed applications will not be considered.** If you require additional you can feel free to contact Mrs. Watson at (973) 621-4317 or via email at nicole.graves@njecpo.org. Please note that this application and/or program may be subject to change.



ECPO - 2019 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 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 11, 2019

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ECPO - 2019 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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ECPO - 2019 Summer Youth Internship Program Application

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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**ECPO - 2019 Summer Youth Internship Program
Application**

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 8, 2019** and concluding on **August 9, 2019**. 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 - 2019 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?

Return this application and all supporting documentation no later than March 11, 2019

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ECPO - 2019 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 - 2019 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.)

Name of Person Completing Letter of Recommendation: _____

Signature: _____ Title: _____

Date: _____

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ECPO - 2019 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: _____

Return this application and all supporting documentation no later than March 11, 2019

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ECPO - 2019 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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