

2009 Jurors Empowering Teens Summer Internship Program Application

Submit by April 20, 4:00 p.m. to:
Police Jury Office
Bienville Parish Courthouse
P.O. Box 479, Arcadia, La. 71001

Applicant Information

Last Name: _____ First Name: _____ Middle Initial: _____

Email: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Police Jury District # _____ Police Juror's Name: _____

Phone: _____ Cell phone: _____

GPA: _____ Classification in Fall (Jr., Sr.): _____ Graduation Date: _____

(Expand this form as needed for your responses to each item.)

B. Internship Objectives (Briefly describe your goals or reasons for applying for this internship and what you would like to experience.)

C. Please list the names of three businesses in Bienville Parish you would enjoy the opportunity to work in:

1. _____ 2. _____ 3. _____

D. Academic Reference: Please provide two letters of recommendation from your high school teachers/staff for a reference.

Name: _____

Name: _____

School: _____ Phone: _____

School: _____ Phone: _____

E-mail: _____

E-mail: _____

E. Other information: Provide a résumé and any additional information that you believe may be helpful to your application – No more than one additional page and no more than a 2-page resume. (Some possible items for consideration could be your leadership experience with or membership in 4-H.)

F. Interviews: Phone notification of interviews will be on April 21-24. Interviews will be conducted April 28-30.

G. Availability: Internships will begin June 29 and end July 31, a total of 5 weeks, with working hours of 8:00a.m. - 4:00 p.m. Monday through Thursday and 8:00 a.m.—noon on Friday. Please list any dates conflicting with your internship (for example church camp, family vacation, wedding out of state, etc.) This is helpful in placements and avoiding key parish dates.

Dates unavailable and why: _____

H. Eligibility: You will be responsible for your transportation to and from your place of employment. Please list your mode of transportation:

Driver's License _____ Parent _____ Carpooling _____ (If carpooling, please list an alternative means of transportation in case of sickness or conflict of schedule) _____

I. Name Tag: Please print your name as you would like it to appear on your JET name tag.

J. T-shirt Size: _____