

2021 Jurors Empowering Teens Summer Internship Program Application

Submit by May 7 to:
LSU AgCenter
2710 Maple Street
Arcadia, LA 71001
318-263-7400

Applicant Information

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

Email: _____ Age: _____ (Must be at least 16 years of age and a high school student)

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/agencies in Bienville Parish that you would like to job shadow:

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: A one page resume is required and any additional information that you believe may be helpful to your application – (Some possible items for consideration could be your leadership experience with or membership in 4-H.)

F. Interviews: Interviews will be conducted on May 24, 2021 at the Bienville Parish Extension Office at 2710 Maple St. in Arcadia, LA. We will call to schedule a time with you.

G. Availability: Internships will begin July 6 and end July 30 with working hours of 8:00 a.m.- 4:00 p.m. Monday through Friday. Please list any dates conflicting with your internship. 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. Special Needs: Do you have any disabilities/special needs that need to be met for classroom or work settings?

I. Name Tag: Print your name as you would like it to appear on your name tag. _____