## 2022 Jurors Empowering Teens

## Summer Internship Program Application

the Bienville Parish LSU AgCenter office by close of business day on Friday, April 22 to

be considered for an interview.

Submit by April 22 to: LSU AgCenter 2710 Maple Street Arcadia, LA 71001 318-263-7400

**Applicant Information** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: 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: \_\_\_\_\_ B. Additional required Information: A one-page resume (possible items for consideration could be your leadership experience or participation in 4-H). A one-page cover letter expressing who you are, what you hope to gain from the JET program, and your goals after high school. C. Please list the names of three businesses/agencies in Bienville Parish that you would like to job shadow: \*\* Due to Covid-19, medical related business may not accept JET participants D. Academic Reference: Please provide two letters of recommendation from your high school teachers/staff for a reference. Name: School: Phone: School: Phone: E-mail:\_\_\_\_ E-mail: E. Interviews: Interviews will be conducted the week of May 23 at the Bienville Parish Extension Office at 2710 Maple St. in Arcadia, LA. We will call to schedule a time with you. Please list prefer date and time F. Availability: Internships will begin July 5 and ends July 29 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: G. 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) H. 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. Completed applications must be turned into