STATE OF NEW JERSEY" OFFICE OF EMERGENCY MANAGEMENT



INTERNSHIP APPLICATION"

Students interested in an internship opportunity must complete this application and the Background Information Form and return it to the address below. Also attach: (1) a current resume (2) a letter from your academic institution indicating the number of credits you will receive for the internship; and the number of total hours you will be expected to complete; or if you have graduated, a copy of your academic transcript confirming graduation."

Name:	Email:"		
Residence:			
Academic Institution:			
Telephone Numbers: H	ome: ()	Cell: ()	"
		ternship: (Fall/Spring/Summer)	
Additional Fields of Studies			
Indicate order of preference		(1-5) (Refer To website for further descriptions of t	
Communications			
Emergency Response			
Recovery			
Preparedness			
Incident Support			
List special skills (computer,	, other technology, foreign l	anguages, etc.):	
, , ,	n, NJ (The Regional Operat	rnship location, such as traveling to the NJS ions & Intelligence Center (ROIC) is located as \text{No"}	
Please list 2 References with	contact information:		
1. Name	Title	Phone No. ()	
2. Name	Title	Phone No. ()	

Email this application, resume, and college letter or transcript with graduation date to:

NJOEM.internship@njsp.org

For questions regarding the application or application process, please send an email to the above address