

RIPPAC Spring / Summer Internship Guide – 2026

Please complete and EMAIL as soon as possible to: **RIPPAC@rowan.edu**

Name of Office / Association / Organization Middletown Township

Internship Coordinator Anthony Mercantante Coordinator's Phone / Email amercant@middletownnj.org

Main Office Address Town Hall – One Kings Highway, Middletown, NJ 07748

Spring 2026 Internship? Y **N** # of Open Intern Positions for Spring 2026 N/A

Summer 2026 Internship? **Y** N # of Open Intern Positions for Summer 2026 1-2

Where will the internship be done?

Office (In-person) Remote (Student works from home) Hybrid

Dates / Length of Internship N/A Required Hours/Week 18 hours/week

Is there a salary or stipend? **Y** N If so, how much? Minimum wage for select positions

What is the application process? *(Please include deadlines & other requirements. Feel free to attach additional pages.)*

Apply using form attached to this PDF. Applicant will need to answer three short questions, include work history (intern, volunteer, or employment), and three references. Completed form should be emailed to Anthony Mercantante at amercant@middletownnj.org.

Intern work areas: Clerical Research Errands Organizing

Please explain the work that will be required of the intern: N/A

Will there be opportunities for the intern to observe:

Internal strategy sessions? Legislative sessions? Committee hearings?

Is the intern expected to work evenings and weekends? If so, please explain. N/A

Do you have any suggestions for the applicants? *(Please use additional pages if necessary)* Various departments available including Building/Zoning, Communications, Public Health, and Recreation.

TOWNSHIP OF MIDDLETOWN

Town Hall, One Kings Highway
Middletown, NJ 07748-2594



Settled in 1664
"Proud of Our Rich Heritage"

INTERNSHIP APPLICATION

Thank you for your interest in becoming an intern with Middletown, NJ.

No question on this application is asked for the purpose of limiting or excluding any applicants considered on the basis of race, color, religion, age, sex, marital status, sexual orientation, disability, or national origin.

Section 1: Applicant Contact Information

Applicant Name: _____			
Mailing Address: _____		City: _____	
Cell Phone: _____	State: _____	Zip Code: _____	
Email Address: _____		Home Phone: _____	
What is the best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email			

Section 2: Applicant's School Information

Current School _____	
Check one:	<input type="checkbox"/> High School <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Student
Expected Year of Graduation: _____	
Major: _____	Minor: _____ (if applicable)
School Internship Program Contact: _____	
School Contact's Phone Number: _____	

Section 3: Internship Information

Semester for which you are applying: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer					
Are you responding to a specific internship posting? If so, please specify: _____					
In each of the spaces below, please indicate the times you would be available:					
Monday	Tuesday	Wednesday	Thursday	Friday	
					Total hours per week:

Areas of interest: (Please enter numbers in order of preference for all areas of interest)

- _____ Administration/Human Resources
- _____ Building/Zoning
- _____ Communications
- _____ Court
- _____ Finance
- _____ Municipal Clerk's Office
- _____ Public Health
- _____ Public Works & Engineering
- _____ Recreation
- _____ Other (please describe):

Please answer the following questions:

1. Why are you interested in an internship with Middletown Township?

2. What experience do you have that may be beneficial to the Township?

3. What are your goals and expectations from this internship?

Section 4: Applicant's Intern, Volunteer or Employment History

Name of Organization or Employer: _____

Address: _____ Phone Number: _____

Dates of Involvement: (from) _____ (to) _____

Supervisor Name: _____ Paid? Yes No

Duties:

Name of Organization or Employer: _____

Address: _____ Phone Number: _____

Dates of Involvement: (from) _____ (to) _____

Supervisor Name: _____ Paid? Yes No

Duties:

Name of Organization or Employer: _____

Address: _____ Phone Number: _____

Dates of Involvement: (from) _____ (to) _____

Supervisor Name: _____ Job Title: _____

Duties:

Name of Organization or Employer: _____

Address: _____ Phone Number: _____

Dates of Involvement: (from) _____ (to) _____

Supervisor Name: _____ Job Title: _____

Duties:

References: Please list three people other than relatives who would be willing to serve as personal references who have known you for at least one year.

1. Name: _____ Phone: _____
Email: _____

2. Name: _____ Phone: _____
Email: _____

3. Name: _____ Phone: _____
Email: _____

