

Project | SEARCH

Candidate Application
2017-2018



Candidate Name: _____

Address: _____

Phone: _____

Email Address: _____

**High School
Attending:** _____

www.projectsearch.us

Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH student candidate. This application enables the Selection Committee* to properly assess each candidate's interests, skills, abilities and background. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. Our goal is to select students who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

The Selection Process includes the following steps:

1. All students are encouraged to attend an Open House *and must* visit the host business site to observe the culture, possible rotations and meet the Instructor and Employment Specialists prior to being selected to participate in Project SEARCH.
2. **Submit the completed application to the address on your cover letter by Friday, February 10, 2017.**
3. The Selection Committee will review the applications and select students.
4. If accepted, an IEP/Transition Plan will be developed with Project SEARCH as the placement with the IEP team for the 2017-18 school year.
5. If accepted, students must pass a criminal background check and drug screen.

Please note:

- The Selection Committee will include the Mercyhealth Hospital – Rockton Ave liaison, the Project SEARCH Lead School (Belvidere School District), Project SEARCH Employment Specialist (RAMP), Project SEARCH representatives from; Illinois Department of Vocational Rehabilitation, the ARC of Winnebago, Boone and Ogle counties and possibly other agency/school representatives.

Order of selection will be:

1. Oldest students (18 – 21 age range)
2. Students who have finished their necessary credits for graduation/certification
3. Students who will benefit from participation in a variety of internships
4. Students who are interested in using public transportation to access work and the local community
5. Students who desire to gain competitive employment at the end of the Project SEARCH program

Project SEARCH Application Packet Checklist

PLEASE NOTE

ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR APPLICATION TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE CONTACT YOUR SCHOOL DISTRICT STAFF.

- Completed Application Packet**
- Color Photo (Wallet Size)**
- Current Individual Education Plan (IEP) including Transition Plan & Goals**
- Current Evaluation Team Report**
(Include most recent math and reading scores/grade levels)
- High School Transcript**
- Attendance Record**
- Career Assessment** –most recent vocational evaluation or career interest survey
- School Personnel Survey - attached**
- Parent/Guardian/Support Person Survey - attached**

It is preferred you provide the completed packet and required documents to your school case manager who will forward to Matt Ross at Belvidere School District.

However if this is not possible,

Return completed Packet to:

Belvidere School District Special Ed Dept

Matt Ross
Project SEARCH Lead School Liaison
Belvidere School District 100 Central Office
1201 5th Ave.,
Belvidere, IL 61008
815-544-0301
Mross@district100.com

Mercyhealth Hospital – Rockton Ave Application Timeline for the 2017-2018 Program Year

Deadline to Apply: February 10, 2017

January 2017	Host Site Open House/Information Night: Mercyhealth Hospital 2400 N Rockton Ave Rockford, IL 61103
February 2017	Applications Due 2/10/2017
	Applications Reviewed 2/28/2017
March 2017	Assessment & Interview Day at Mercyhealth Hospital TBD
	Candidate Selection/Approval by 3/21/2017
	Acceptance/Rejection Letters mailed by 3/24/2017
April/May 2017	IEP's written/updated to include Project SEARCH
	IL DHS/Vocational Rehabilitation determine eligibility & open files
Summer 2017	Summer engagement activities TBD
	Travel training for interns if applicable
August 2017	Program begins 8/21/2017 at Mercyhealth Hospital
September 2017	First internships begin

Referral Source Information

To be completed by referring school district

Referral Source Name: _____

Agency/School: _____

Phone Number: _____ Email: _____

Please attach high school transcript, previous two year's discipline record, and most recent report card.

Cumulative GPA: _____ (if applicable)

Does the student have the necessary credits for graduation or certificate of completion (year years of high school)? Yes or No (please circle)

Days Absent: 11th Grade _____ 12th Grade _____

Comments Regarding Attendance

Comments Regarding Work Performance

Signature: _____ Date: _____

Title: _____

Application for Admission

Applicant Information

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Home/Cell Phone: _____ Email: _____

High School: _____ Date of Birth: _____

- Male Female Own Guardian? Yes or No

Parent/Guardian Information

Name(s): _____

Address: _____
Street City Zip Code

Home/Cell Phone: _____ Email: _____

Relationship to Applicant: _____

Equal Opportunity

Project SEARCH placement will be made without regard to race, color, national origin, language of origin, disability, sexual orientation, gender identity or expression, or marital status.

Trial Period

A two week trial period will be required of all accepted enrollees. The applicant and/or parent/guardian (if applicable) agree to comply with this process.

Permission for Review of Information

Members from the Selection Committee* will have access to the following:

- Application and any attachments
- Information gleaned through discussions with references designated on this application
- Records provided by references designated on the application.

By signing below, I authorize these individuals to review this information and contact references for the purpose of informing the selection process.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Future Employment Preferences & Background

How do you want to be employed in the community upon completion of Project SEARCH?

Full Time Part Time

What career(s) are you interested in?

Would you be willing to work evening shifts after graduation from Project SEARCH?

Yes No

Would you be willing to work holidays and/or weekends?

Yes No

Do you plan to work during the program year, in addition to being in the Project SEARCH program?

Yes No If yes, where? _____

How many days/hours? _____

Please list jobs you do/have done in school or in the community, including volunteer positions.

Employer/Job Title		Main Job Duties	Supervisor Name & Phone Number		<input type="checkbox"/> Paid
Employer		1	Supervisor Name		
		2			
Job Title		3	Contact Number		<input type="checkbox"/> Unpaid
		4			

Employer/Job Title		Main Job Duties	Supervisor Name & Phone Number		<input type="checkbox"/> Paid
Employer		1	Supervisor Name		
		2			
Job Title		3	Contact Number		<input type="checkbox"/> Unpaid
		4			

Employer/Job Title		Main Job Duties	Supervisor Name & Phone Number		<input type="checkbox"/> Paid
Employer		1	Supervisor Name		
		2			
Job Title		3	Contact Number		<input type="checkbox"/> Unpaid
		4			

How do you spend the majority of your time now? (check all that apply)

High school Paid Employment Volunteer Work

Other, please describe:

Have you ever been fired from a job? Yes No If yes, please explain:

Have you ever quit a job? Yes No If yes, please explain:

Have you ever had difficulty getting along with a supervisor or co-worker on a job?

Yes No If yes, please explain how you handled that:

Do you have any behaviors that might impact a successful job placement?

Yes No If yes, please explain:

Service Agencies

Do you have a Vocational Rehabilitation (VR) counselor?

Yes No If yes, please provide the name and phone number of your counselor:

Name: _____ Phone: _____

Are you receiving Home Based Supports/funding through DHS – Division of Developmental Disabilities?

Yes No

If no, are you on the PUNS (Prioritization of Urgency of Need for Services) waiting list?

Yes No

Do you receive services from other agencies? Yes No

If yes, please list those agencies and whom you work with there:

Do you receive Social Security Income (SSI or SSDI)?

Yes, I receive SSI (Supplemental Social Security Income)

Yes, I receive SSDI (Social Security Disability Insurance)

Yes, but I am not sure which I receive

No, I do not receive Social Security income.

Participation in the Program

Project SEARCH follows a schedule, requiring interns to be at the business site, Mercyhealth Hospital Rockton Avenue, for 6 hours daily.

Are you able to participate Monday through Friday from 8:30 AM till 2:30 PM?

Yes No If no, please explain:

If you take medications during these hours, are you able to administer them on your own?

Yes No If no, please explain:

Transportation

The primary purpose of the Project SEARCH program is to provide interns the opportunity for solid career exploration while developing skills essential to obtaining competitive employment and achieving success. As such, this transition program encourages interns to work towards independence, and that translates to feeling confident in managing transportation to and from work as independently as possible.

When an applicant is offered and accepts a placement in Project SEARCH, it is critical that the applicant and those in his/her support system explore transportation options and, if necessary, identify and access travel training resources **prior to the start of the program year**. For interns who are traveling from areas without public transportation, the sponsoring school may assist in removing transportation barriers.

Please check all that apply:

I know how to use public transportation.

I am willing to learn to use public transportation.

I use a door to door or paratransit system.

I have a family member/support person who is willing to provide on-going transportation.

I am eligible for transportation assistance through a local or state program.

I plan to use district provided transportation.

Other transportation options I have identified are:

How will you get to the program site and to employment AFTER the program?

Uniform

Depending on the internship site selected, a uniform may need to be provided to meet dress code policy. Please provide sizes for uniform ordering purposes:

Pants: _____ Shirts: _____ Shoes: _____

In Your Own Words

If someone is assisting you in completing this application, please ask that person to write your responses to the following questions in your own words. If you need additional space or wish to type your answers, please attach a separate piece of paper.

Why do you want to come to Project SEARCH?

The Project SEARCH selection process is competitive. Please describe the reasons why you should be selected to participate over other applicants.

Please share with us any concerns you have participating in Project SEARCH and/or working in the community.

OPTIONAL: Please feel free to share information about strategies or accommodations that have assisted you in accomplishing your educational or other goals.

OPTIONAL: Use the space below to tell us anything you would like us to know such as your accomplishments, strengths, and/or challenges.

References

Please list three references who we may call – preferably we would like one reference each from a family member, school, and community agency.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Photo/Video Release

I grant permission to RAMP/Project SEARCH Mercyhealth partners, to use video and photographs taken of me for use in promotional video, publications such as brochures and newsletters, and to use the photographs on display boards, and to use such photographs in electronic versions of the same publications or on partners' websites or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless RAMP/Project SEARCH Mercyhealth partners, and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I hereby irrevocably consent to and authorize the use and reproduction by RAMP/Project SEARCH Mercyhealth partners, of my name in addition to any and all photographs or video-taped images which you have taken of me, negative or positive, for any purpose whatsoever, without compensation to me. All negatives, positives or videotaped images, together with the prints, shall constitute Project SEARCH Mercyhealth's property, solely and completely.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Application Completion

The person assisting (if applicable) the student to complete this application is:

Name: _____ Relationship: _____

Date: _____

Phone: _____

School Personnel Survey

To applicant: Please take this survey to a school staff member who knows you best – your teacher, transition counselor, or job developer. He/she will complete the form and submit it directly to Project SEARCH.

To School Personnel: Thank you for supporting your Project SEARCH applicant! Please take a few moments to respond to each section. The purpose is issuing this survey is to gain further insight about our applicants, to supplement information provided in the application, and to help guide discussion during the interview process. Your candid responses are invaluable and appreciated!

Additionally:

- We are grateful for your efforts to assist the applicant in obtain a copy of his/her current or most recent IEP to include with the application packet.
- Program staff may all you for information about the applicant. Please include the best number to reach you.

School Personnel Name: _____ Title: _____

Email: _____ Phone: _____

School District/High School: _____ Applicant Name: _____

Please check one or more box for each section.		Comments
Commitment to Community Employment	<input type="checkbox"/> applicant is <u>unsure</u> of interest in community employment but parent is supportive & encouraging <input type="checkbox"/> applicant is <u>sure</u> of interest in community employment but parent is apprehensive and or non supportive <input type="checkbox"/> applicant and family are committed to seeking community employment	
Transportation *check all that apply	<input type="checkbox"/> family is willing to provide on-going transportation to the Project SEARCH community work site. <input type="checkbox"/> applicant is eligible for door to door or paratransit system and is willing to use. <input type="checkbox"/> applicant can utilize public transportation and is willing to use. <input type="checkbox"/> transportation will need to be worked out with the family and the school <input type="checkbox"/> transportation may be a barrier for this student.	
Independent Daily Living and Self Care Skills	<input type="checkbox"/> applicant has very poor or not independent daily living and self care skills and relies on parents and staff for basic needs. <input type="checkbox"/> applicant has not been exposed to any daily living skills training but displays some skills in these areas. <input type="checkbox"/> applicant has participated in limited or informal training for daily living and self care skills. S/he can demonstrate minimal skills in those areas including feeding and toileting. <input type="checkbox"/> applicant demonstrates basic proficiency in daily living skills and self care skills including toileting, feeding, taking meds, bathing, etc. <input type="checkbox"/> applicant practices and demonstrates daily living and self care skills such as cooking, sleeping, budgeting, handling money, and is also able to take care of self care needs independently.	
Appearance and Professional Presentation	<input type="checkbox"/> applicant requires assistance in making sure clean clothes are worn daily <input type="checkbox"/> applicant wears neat and clean clothing and has appropriate grooming on most days. <input type="checkbox"/> applicant is neat, clean, and well groomed but does not always make appropriate clothing choices based on dress code and weather. <input type="checkbox"/> applicant possess good personal hygiene skills and will arrive to Project SERACH neat and clean according to dress code and weather	

Please check one or more box for each section.		Comments
Appropriate Social and Behavioral Skills	<input type="checkbox"/> applicant frequently displays inappropriate social/ behavioral skills <input type="checkbox"/> applicant periodically displays inappropriate social/behavioral skills <input type="checkbox"/> applicant is appropriate in the presence of adult supervision but is not independent. <input type="checkbox"/> applicant displays appropriate social and behavioral skills in most situations. <input type="checkbox"/> applicant displays appropriate social and behavioral skills in all situations.	
Interpersonal Communication	<input type="checkbox"/> applicant has minimal understanding of interpersonal relationships <input type="checkbox"/> applicant uses appropriate body language but does not engage in appropriate communication. <input type="checkbox"/> applicant engages in some conversation with prompted <input type="checkbox"/> applicant engages in conversation independently but the topic is inappropriate. <input type="checkbox"/> applicant uses appropriate tone of voice, body language, and conversation topics.	
Verbal Communication	<input type="checkbox"/> applicant is unable to communicate clearly with others with assistive technology. <input type="checkbox"/> applicant is able to communicate effectively using assistive technology. <input type="checkbox"/> applicant can be understood with 1-2 repetitions or when asked to speak more clearly. <input type="checkbox"/> applicant is able to communicate with others and be understood easily	
Problem Solving and Conflict Resolution	<input type="checkbox"/> applicant has difficulty in problem solving and conflict resolution <input type="checkbox"/> applicant has demonstrated capacity to expand problem solving and conflict resolution skills. <input type="checkbox"/> applicant possesses good problem solving skills. <input type="checkbox"/> applicant possesses good problem solving skills and initiates problem solving independently.	
Physical Ability Mobility Stamina	<input type="checkbox"/> applicant has significant mobility and stamina challenges. <input type="checkbox"/> applicant has significant challenges but is able to perform tasks with accommodations and or limited assistance. <input type="checkbox"/> applicant has the mobility and stamina to perform all tasks independently.	
Pace and Work Quality	<input type="checkbox"/> applicant seldom gets work finished in allotted time period because of low motivation. <input type="checkbox"/> applicant seldom gets work finished in allotted time period because student is overly methodical. <input type="checkbox"/> applicant can achieve appropriate work pace but quality suffers. <input type="checkbox"/> applicant is able to achieve both quality and quantity of work, is organized and completes work according to deadlines.	
Employability Skills	<input type="checkbox"/> applicant has not been exposed to any employability training. <input type="checkbox"/> applicant has participated in limited or informal employability training. <input type="checkbox"/> applicant has had 1+years of employability skills training.	
Prior Work Experience	<input type="checkbox"/> applicant has no prior work experience <input type="checkbox"/> applicant has had one or more in school work experience <input type="checkbox"/> applicant has volunteer experience <input type="checkbox"/> applicant has had competitive work experience	
Computer Skills	<input type="checkbox"/> applicant has no computer skills <input type="checkbox"/> applicant has basic knowledge of keyboard/keyboard functions <input type="checkbox"/> applicant can access internet, utilize search engines for information and for entertainment. <input type="checkbox"/> applicant can utilize some Microsoft products at a beginner level <input type="checkbox"/> applicant can utilize Microsoft products, can save, edit and retrieve documents with basic proficiency	

Please comment on the applicant's interest in completing training for a career path:	
Please describe particular strengths that the applicant is likely to bring to the work environment:	
Please describe particular challenges that the applicant may experience in the work environment:	
Type of successful placement envisioned:	
Other thoughts:	

Please return this completed questionnaire to Matt Ross by February 10, 2017 via email or mail:

Matt Ross
 Project SEARCH Lead School Liaison
 Belvidere School District 100 Central Office
 1201 5th Ave.,
 Belvidere, IL 61008

815-544-0301

Mross@district100.com

Parent/Guardian/Support Person Survey

Applicant Name

Date

Person Completing Survey

Relationship

Not all of the sections or choices in this survey may be directly relevant to the applicant, but please complete those sections and choices that best reflect your concerns and thoughts about adult life for the applicant. Completing this survey will help the Project SEARCH Mercyhealth Team to better understand your and the applicant's expectations for the future.

AREAS OF NEED

1. In what areas does the applicant have the greatest needs?

Please check all that apply and please rank the top 5 areas. 1- most important to 5 – least important.

- | | |
|---|--|
| <input type="checkbox"/> academic skills for post secondary education | <input type="checkbox"/> meal planning & prep |
| <input type="checkbox"/> basic academic skills (reading, writing, math) | <input type="checkbox"/> money management skills |
| <input type="checkbox"/> cleaning Skills | <input type="checkbox"/> personal care needs |
| <input type="checkbox"/> communication skills | <input type="checkbox"/> problem solving skills |
| <input type="checkbox"/> health skills | <input type="checkbox"/> recreational skills |
| <input type="checkbox"/> decision making | <input type="checkbox"/> shopping skills |
| <input type="checkbox"/> goal setting | <input type="checkbox"/> travel skills |
| <input type="checkbox"/> self-advocacy skills | <input type="checkbox"/> vocational & career exploration |
| <input type="checkbox"/> social relationship skills | <input type="checkbox"/> house cleaning skills |

2. Are there any additional support people that are involved in the applicant's life? If so, how can they provide input to the selection committee in regards to the applicant? Please explain.

FUTURE EDUCATION

Future education for the applicant will be:

- | | |
|---|--|
| <input type="checkbox"/> four year college/university | <input type="checkbox"/> adult education classes |
| <input type="checkbox"/> community/junior college | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> vocational technical school | <input type="checkbox"/> don't know |
| <input type="checkbox"/> on-the-job training | <input type="checkbox"/> other: _____ |

CAREER & EMPLOYMENT

1. You anticipate the applicant will work in:

- | | |
|--|---|
| <input type="checkbox"/> full time employment | <input type="checkbox"/> center/workshop |
| <input type="checkbox"/> part time employment | <input type="checkbox"/> volunteer work |
| <input type="checkbox"/> supported employment/with job coach | <input type="checkbox"/> do not expect my child to work |
| <input type="checkbox"/> military service | <input type="checkbox"/> other: _____ |

2. What type of work is the applicant interested in:

3. Do you feel that this a realistic goal? YES or NO

4. What type of employment do YOU think he or she would enjoy?

5. When you think of the applicant working, you are afraid of what?

6. What type of support or assistance do you think the applicant will need in finding and maintain a job? (check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> will not need any support | <input type="checkbox"/> assistance only when problems or new situations arise |
| <input type="checkbox"/> help finding a job | <input type="checkbox"/> on-going support to perform the job (personal care assistance) |
| <input type="checkbox"/> time limited support to learn the job
(extra training) | |
| <input type="checkbox"/> long term support needed to learn the job
(ongoing training) | |

FUTURE LIVING OPTIONS

1. Five years after the program, where do you see the applicant living?
- | | |
|--|---|
| <input type="checkbox"/> at home | <input type="checkbox"/> in a group home or foster home |
| <input type="checkbox"/> in own apartment living alone | <input type="checkbox"/> with family |
| <input type="checkbox"/> in own apartment living with roommate | <input type="checkbox"/> subsidized housing |
| <input type="checkbox"/> in a supported apartment/living program | <input type="checkbox"/> other: _____ |

2. Concerns/fears that you have about the applicant living on his/her own includes the following:
- | | |
|---|--|
| <input type="checkbox"/> can't shop on own | <input type="checkbox"/> will be lonely |
| <input type="checkbox"/> can't manage money | <input type="checkbox"/> will be exploited |
| <input type="checkbox"/> has no furniture | <input type="checkbox"/> sexually |
| <input type="checkbox"/> not ready yet to live in community | <input type="checkbox"/> physically |
| <input type="checkbox"/> has been too dependent | <input type="checkbox"/> financially |
| <input type="checkbox"/> won't take good care of self | <input type="checkbox"/> other: _____ |

FINANCIES, WILLS & TRUSTS, GUARDIANSHIP

1. After program completion how will the applicant be supported? (check all that apply)
- | |
|--|
| <input type="checkbox"/> social security/SSI/SSDI |
| <input type="checkbox"/> his/her own wages |
| <input type="checkbox"/> general relief (food stamps, subsidized housing, etc) |
| <input type="checkbox"/> family support |
| <input type="checkbox"/> you do not know |
2. Is the applicant his/her own legal guardian? Yes No
3. Will he/she need the following?
- | |
|---|
| <input type="checkbox"/> a conservator for financial decisions |
| <input type="checkbox"/> an advocate or personal representative |
| <input type="checkbox"/> a legal guardian appointed |
| <input type="checkbox"/> not sure/ don't know |
4. Have you prepared (trust fund) for the future for the applicant? Yes No
5. Have you prepared a will that includes plans for the applicant? Yes No

TRANSPORTATION

- How will the applicant get to the program site and to employment after the program?
- | | |
|-----------------------------------|--|
| <input type="checkbox"/> bicycle | <input type="checkbox"/> own car |
| <input type="checkbox"/> walk | <input type="checkbox"/> city cab/uber |
| <input type="checkbox"/> carpool | <input type="checkbox"/> getting rides with family/friends |
| <input type="checkbox"/> city bus | <input type="checkbox"/> other: _____ |

ADULT SERVICES

Please check the following services that the applicant currently receives, those that you or the applicant have contacted, and those that you or the applicant would like to receive more information about:

Services	Receives	Contacted	Need more Info
Vocational Rehabilitation			
Developmental Disability Services			
Social Security			
Respite Care Services			
Job Services			

Services	Receives	Contacted	Need more Info
Food stamps			
Housing Options			
Centers for Independent Living			
Other:			

Please return this completed questionnaire with the completed packet to Matt Ross by February 10, 2017 via email or mail:

Matt Ross
 Project SEARCH Lead School Liaison
 Belvidere School District 100 Central Office
 1201 5th Ave.,
 Belvidere, IL 61008

815-544-8301

Mross@district100.com

Sample – Project SEARCH Intern Contract

To secure placement in the program, the applicant will be required to sign the Project SEARCH Intern Contract if accepted. This document is for your information only. Please retain for your files.

I, **INTERN NAME**, understand that I have been accepted into the Project SEARCH program at Mercyhealth Hospital – Rockton Avenue and must abide by the following terms and conditions:

- I will learn to use public transportation when and where available.
- I will actively pursue competitive employment during the program and after program completion.
- I will complete at three (3) unpaid job rotations at the host business side.
- I will maintain appropriate behavior in the workplace without immediate supervision.
- I will attend the program every calendared day from 8:30 AM – 3:00 PM, Monday through Friday.
- I will maintain at least 95% attendance.
- I understand that the Project SEARCH program is a 9 month work experience training program.
- I will dress appropriately and wear required attire/uniforms.
- I will call my instructor and departmental supervisor when I am absent or tardy.
- I will follow all the rules established by the program and host business.
- I will attend meetings with my instructor, host business staff, VR counselor, RAMP staff, and parent, guardian or support person (as applicable).
- I will be an active participant and communicate any issues at our scheduled meetings.

My goal is to achieve competitive employment in the community and I understand this goal to be the primary reason I have been accepted into the program. Project SEARCH collects employment outcome information for every participant. As part of placement into the program, I additionally I agree to the following:

- If I am not employed by the completion of the program, I will meet and maintain contact with the RAMP staff assigned to me.
- I will participate in the surveys related to program evaluation and my employment status.
- Prior to program completion, I will provide accurate contact information for follow-up and will respond to inquiries made by the program.

I have read the above terms and conditions and agree to accept my placement in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

Intern (please check one)

____ is 18 years of age or older and is his/her own guardian.

____ is 18 years of age or older and is **not** his/her own guardian.

Intern Signature

Date

Parent/Guardian Signature*

Date

**(not required if young adult is his/her own guardian)*