



Project | SEARCH



Atlantic Health System
Newton Medical Center



Division of
Developmental
Disabilities

NJTIP @ Rutgers

*Expanding Mobility
for People with Disabilities and Seniors*



Project SEARCH

Internship Application



Project | SEARCH®

2020– 2021

Purpose

The purpose of this application packet is to outline the skill set of the Project SEARCH Intern Candidate. This application enables the Selection Committee, consisting of Representatives from Newton Medical Center, Atlantic Health, Sussex County Educational Services Commission Staff, as well as, New Jersey Division of Vocational Rehabilitation Counselors, to properly assess each Intern Candidates' skills, abilities and background. ENABLE staff will encourage and empower individuals with disabilities to reach their full potential by assisting them in meeting their employment goals and providing job coaching services. A parent, the Intern Candidate, counselor, school staff, or employer may be contacted by the Selection Committee to gather additional information. Our final goal is to select Intern Candidates who will be successful in a Project SEARCH program and reach our outcome of competitive employment.

Selection Process Guidelines

1. Submit the completed application to:

Andrea Romano, Superintendent
Sussex County ESC
18 Gail Court
Sparta, NJ 07871
aromano@sussexesc.org
973-579-6980 for questions

2. Completing this application does not guarantee acceptance into the program.
3. The Selection Committee will only accept fully completed applications. Any incomplete application will be disregarded, and the Intern Candidate will not be accepted.
4. If accepted, an IEP will be developed with the IEP team for the current school year.
5. If accepted, Intern Candidate must be able to pass a criminal background check and drug screen.
6. Apply to Division of Vocational Rehabilitation Services and develop an Individualized Plan for Employment (IPE).

Project SEARCH Application for Newton Medical Center

PERSONAL DATA: (to be completed by intern candidate)

Intern Name: Last First Middle

Address: Street City Zip

Home Phone: Cell Phone: Email:

School Currently Attending:

Sending School District: (if different from current school attending)

Date of Birth: Choose one (optional) ☐ Male ☐ Female ☐ Other
☐ Prefer not to disclose

PARENT INFO:

Parent/Guardian Name: Parent/Guardian email:

Address: Street City Zip

Parent/Guardian Home Phone: Parent/Guardian Cell Phone:

Parent/Guardian Name: Parent/Guardian email:

Address: Street City Zip

Parent/Guardian Home Phone: Parent/Guardian Cell Phone:

Are you your own guardian? yes no If not, please list name and relation:

Parent/Intern Candidate Information

1. Universal Release: The student's educational/employment records concerning my son/daughter will be transferred from his or her school to Project SEARCH Partners (Newton Medical Center, SCESC & NJDVRS & ENABLE).
2. Equal Opportunity: Project SEARCH placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing circumstances and Student Intern is entitled to equal opportunity for educational development.

Intern Signature **X** Date

Parent/Guardian Signature **X** Date

Future Employment Preferences and Background

What is your career of interest?

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

☐ Full-time

☐ Part-time

List jobs you do or have done in the school or in the community (paid or volunteer):

Employer #1: Contact Number:

Supervisor's Name: ☐ Paid ☐ Unpaid

Job Duties:

1.
2.
3.
4.

Employer #2: Contact Number:

Supervisor's Name: ☐ Paid ☐ Unpaid

Job Duties:

1.
2.
3.
4.

Check areas of difficulty below in which may apply to you: *Parent/Guardian or school staff may assist you in completing this section.*

- | | |
|--|---|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Attending to tasks | <input type="checkbox"/> Speech/language |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Handling money |
| <input type="checkbox"/> Harming self or others | <input type="checkbox"/> Communicating/working with others |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Decision making |
| <input type="checkbox"/> Self-care | <input type="checkbox"/> Adjusting to new situations |
| <input type="checkbox"/> Taking medication | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Self-direction | <input type="checkbox"/> Work stamina (standing, stairs, lifting) |
| <input type="checkbox"/> Personal needs on the job | <input type="checkbox"/> Hygiene and grooming |
| <input type="checkbox"/> <i>Other (Please describe):</i> _____ | |

Student Response Question

Why do you want to participate in Project SEARCH? (Complete in your own words and/or person assisting will write the responses in the student's own words)

References

List three references.

Personal/Professional Reference

Name	<input type="text"/>	Relationship to Student	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

School Reference

Name Title
Phone Number Email Address

Work or Other Non Family Reference

Name Title
Phone Number Email Address

Assistance

The person assisting the student to complete this application is:

Name Title
Organization
Phone Number Email Address
Signature **X** Date

Final acceptance is contingent upon the completion of the following during Summer 2021:

_____ Receipt of Immunization Record (TB, Measles, Mumps, Rubella, Chicken Pox, Hepatitis B, Influenza, COVID-19 screening)

_____ Background/Criminal Check

_____ Newton Medical Center Occupational Health Clearance

_____ IEP/School Evaluation Information

Project SEARCH Intern Contract

****The student will be asked to sign this upon acceptance into the program at the IEP meeting.***

Read the student contract below and sign and date.

I, , understand that if I am accepted into the Project SEARCH program I must abide by the following terms and conditions:

- I will complete up to three unpaid job internships at Newton Medical Center.
- I will attend the program every day from **8:30 am- 2:30 pm** (subject to change), Monday through Friday. I will not arrive late.
- I will dress appropriately, and wear required attire.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will make up any assignments missed due to any excused absences.
- I will follow all the rules established by the program at Newton Medical Center.
- I will attend regularly scheduled meetings with my rehabilitation counselor, parents, teachers, and business staff.
- I will be an active participant and communicate any issues at our monthly meetings.
- I will actively pursue employment.
- I understand that while completing my internship at Newton Medical Center, it is expected that I will receive an influenza vaccination and follow Covid-19 protocols.
- I am able to and do self-medicate.

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 Signature **X** Date

Parent/Guardian Signature **X** Date

For School Personnel Only

- _____ Completed Application Packet (Student/Family completes and submits)
- _____ High School Transcript (Local School/ will submit on behalf of intern)
- _____ Attendance Record (Local School/ will submit on behalf of intern)
- _____ Immunization Records
- _____ Current IEP (Local School/ will submit on behalf of intern)
- _____ Most Recent Evaluation Team Reports (Local School _____/SCESC will submit on behalf of intern: Education, Psychological, Social History, FBA/Behavioral Interventions - **no older than 1 year**)

Submitting School District Contact Person

Date

Submitting School District Signature

Date