

# *Avera Project SEARCH Aberdeen*



New Intern Application

**Name** \_\_\_\_\_

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**School/Agency** \_\_\_\_\_

Date Received (official use only) \_\_\_\_\_

**For more information contact:**

1. Director of Special Education Services  
1224 S. 3<sup>rd</sup> St., Aberdeen, SD 57401  
605-725-7146
2. Project SEARCH Coordinator, Avera St. Luke's Hospital  
305 S. State St., Aberdeen, SD 57401  
605-622-5680
3. Aberdeen District Supervisor, Division of Rehabilitation Services  
1707 4th Ave. SE Ste. A, Aberdeen, SD 57401  
605-626-2398



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 student candidate's skills, abilities and background. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. Our final 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 guidelines:**

1. Must be eligible for services through Voc. Rehab.
2. Submit the completed application.
3. The Selection Committee will review the applications, conduct interviews, and if accepted, match the student's skill set and interests with the appropriate internship rotations.
4. If accepted, an IEP will be developed with the IEP team for the following school year if appropriate.
5. If accepted, the student must be able to pass a criminal background check and drug screen conducted by Avera St. Luke's Hospital within 30 days of start date.
6. All students will visit the host business site to observe the culture, possible worksite rotations, and meet the instructor and skills trainer prior to signing their Project SEARCH contract.
7. All of the candidates interviewed will receive an acceptance/rejection letter.

**Please note:**

The selection committee may include representatives from any of the partner agencies.

**Consideration for selection:**

1. Students whose goal is to work competitively.
2. Students whose parents/guardians are supportive of the Project SEARCH Program.
3. Previous work experience.
4. Ability to follow culture of host business and demonstrate appropriate behavior.

## **Application Checklist**

- Completed application packet
- Copy of updated resume
- Photo
- Current copy of immunization record
- Copy of most recent IEP/ISP
- Copy of most recent multidisciplinary team report/evaluation
- Transcript
- Attendance record
- Completed tour of Aberdeen Avera Project SEARCH

**\*\*\*Application packet must be turned in before interviews in February to:**

**2. Director of Special Education Services**

**1224 S. 3<sup>rd</sup> St., Aberdeen, SD 57401**

**605-725-7146**

**2. Project SEARCH Coordinator, Avera St. Luke's Hospital**

**305 S. State St., Aberdeen, SD 57401**

**605-622-5680**

**3. Aberdeen District Supervisor, Division of Rehabilitation Services**

**1707 4th Ave. SE Ste. A, Aberdeen, SD 57401**

**605-626-2398**

Final acceptance to the Avera Project SEARCH Aberdeen program will be contingent upon a successful completed background, criminal background check including fingerprinting and drug screen for accepted students.

1. Release: The student records concerning my son/daughter will be transferred from the Aberdeen School District to the Avera Project SEARCH Aberdeen program.
2. Equal Opportunity: Project SEARCH placement will be made without regard to

race, color, national origin, sex, age, religion or presence of a disability.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL DATA:**

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

Apt. #

City

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **Male** **Female**

Disability: \_\_\_\_\_

Are You Your Own Guardian? **Yes** **No**

If No, Name of Guardian: \_\_\_\_\_ Guardian Phone Number \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Mother's E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt. #

City

Father's Name: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Father's E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City

**In case parent/guardian can not be reached in an emergency list other contact:**

Emergency Contact Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**IF CURRENTLY IN HIGH SCHOOL, SCHOOL DISTRICT OFFICIAL MUST COMPLETE:**

Total Credits to Date \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Does the student have the necessary credits for graduation? **Yes** **No**

List Course Deficiencies:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Days Absent: 11<sup>th</sup> grade \_\_\_\_\_ 12<sup>th</sup> grade \_\_\_\_\_

Comments about attendance: \_\_\_\_\_

\_\_\_\_\_

Why do you think Project SEARCH is a good option for this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYMENT PREFERENCES AND BACKGROUND:**

After Project SEARCH, I want to be employed: **Full-time** **Part-time**

I understand I will probably have to work evenings, weekends, and holidays: **Yes** **No**

Do you plan to work during the Project SEARCH program? **Yes** **No**

If yes, where? \_\_\_\_\_ How many days/hours per week? \_\_\_\_\_

Previous work experience with most recent listed first:

1. Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Name

Phone Number

Paid: **No** **Yes** Wage \_\_\_\_\_

Project Skills: **Yes** **No**

2. Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Name

Phone Number

**Paid: No Yes** Wage \_\_\_\_\_ **Project Skills: Yes No**

3. Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Name

Phone Number

**Paid: No Yes** Wage \_\_\_\_\_ **Project Skills: Yes No**

4. Employer: \_\_\_\_\_

Job title: \_\_\_\_\_

Date started: \_\_\_\_\_ Date ended: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_  
Name Phone Number

Paid: **No** **Yes** Wage \_\_\_\_\_ Project Skills: **Yes** **No**

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

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

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**ADULT SERVICE AGENCIES:**

Do you have a Vocational Rehabilitation Counselor? **Yes** **No**

If yes, name of VR counselor \_\_\_\_\_

Please Note: If you are not a consumer of Vocational Rehabilitation Services, it is a requirement for you to make application with DRS/SBVI and be determined eligible for vocational rehabilitation services to be accepted to the Avera Project SEARCH Aberdeen Program.

Are you eligible for services from SD Division of Developmental Disabilities (Aspire, Inc. Family Support 360)? **Yes** **No**

If yes, name of provider \_\_\_\_\_ Phone Number \_\_\_\_\_

List current medications and dosage:

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Do you need assistance during the school day with taking medications? **Yes** **No**

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

List any health or medical issues that may impact a successful internship or job placement:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any limitations that may impact employment:  
\_\_\_\_\_  
\_\_\_\_\_

**BEHAVIORAL SUMMARY:**

Please list any concerns or behaviors the applicant exhibits to assist teachers, supervisors or co-workers to help them be successful working as an intern with Project Search:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT RESPONSE QUESTIONS:**

Explain how you think being part of the Avera St. Luke's Project SEARCH Program will help you. (Complete in your own words and/or person assisting will write the responses in the student's own words.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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List Three References:

NAME	TYPE OF REFERENCE	PHONE	EMAIL
	Family		
	School		
	Community		

The person assisting the student to complete this application was:

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Name \_\_\_\_\_ Title \_\_\_\_\_ Phone number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_

**Project SEARCH Contract**

For my participation in the Project SEARCH program, I will receive a monthly stipend from the SD Division of Rehabilitation Services and Services to the Blind and Visually Impaired. It is not to be considered a wage. I am not an employee of Avera St. Luke's. I must follow the terms of this contract or deductions may be taken from my stipend, and/or I could be removed from the program.

- I will call my teacher when I am absent or tardy. Being late or absent could reduce my stipend.
- I will complete my internship rotations unless I accept competitive employment that meets program guidelines.
- I will attend daily from 8:00-2:35, Monday-Friday. Vacation days will be determined by the Aberdeen Public School District.
- I will apply for support programs that may assist me in reaching the goals of the Project SEARCH program.
- I will dress appropriately and follow the dress code.

- I will bathe/shower, brush my teeth, wear deodorant, fix my hair in the morning, and wear clean and neat clothes daily. If my hygiene is unacceptable, I will be sent home to clean up quickly, return to Project SEARCH, and lose part of my stipend.
- I am responsible for my transportation. My stipend can be used for this cost. I am encouraged to use public transportation or drive to be independent.
- I am responsible for my meals. My stipend can be used for this cost. I may bring my own lunch or purchase it at the cafeteria.
- I will follow the rules of the host business and program.
- I will attend and participate in scheduled meetings with my team.
- I will actively seek competitive employment.
- My continuing participation in the Project SEARCH program may be reviewed at any time.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_