



Project | SEARCH

Monmouth
Medical Center

RWJBarnabas
HEALTH



NJTIP @ Rutgers
Expanding Mobility for
People with Disabilities and Seniors



Project SEARCH

Student Intern Application

2020-2021

- ***Applicant must attend Skills Assessment Day in April (Date TBD)***

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 Monmouth Medical Center, NJ DVRS, NJ DDD and Family Resource Associates, Inc. to properly assess each Intern Candidate's skills, abilities and background. A parent, 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 the outcome of competitive employment.

Selection Process Guidelines

1. Submit the completed application by **Friday, May 15, 2020** to:

Phillip Duck
Family Resource Associates Inc.
210 Newman Springs Road East
Red Bank, NJ 07701
employability@frainc.org

2. Completing this application does not guarantee placement.
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 2020-2021 school year.
5. If accepted, Intern Candidate must be able to pass a criminal background check and drug screen.

Key Dates & Deadlines

- **5/15/20 - Applications Due (with required documents)**
- **April 2020 (Date TBD) - Skills Assessment Day**
- **By 4/30/20 - Letters of Acceptance Sent**
- **August 2020 – 2-3 weeks of Boot Camp (including Travel Training)**
- **September 2020 - Project SEARCH Begins at Monmouth Medical Center**

Project SEARCH Application at Monmouth Medical Center

PERSONAL DATA

Name: Last First Middle

Address: Street City Zip

Home Phone: Cell Phone: Email:

School Currently Attending:

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

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:

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 (Monmouth Medical Center, Family Resource Associates, Inc.).
2. Equal Opportunity: Monmouth Medical Center Project SEARCH placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing circumstances 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 Monmouth Medical Center 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 below in which may apply to you: *Parent or school staff may assist you in completing this section.*

☐ Mobility

☐ Attending to tasks

☐ Hyperactivity

☐ Harming self or others

☐ Attendance

☐ Self-care

☐ Taking medication

☐ Self-direction

☐ Personal needs on the job

☐ Other (Please note):

☐ Reading

☐ Speech/language

☐ Handling money

☐ Communicating/working with others

☐ Decision making

☐ Adjusting to new situations

☐ Theft

☐ Work stamina (standing, stairs, lifting)

☐ Hygiene and grooming

Student Response Question

Why do you want to participate in Monmouth Medical Center 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 Reference

Name Relationship to Student
Phone Number Email Address

School Reference

Name Title
Phone Number Email Address

Other 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 2020:

_____ Shot/Immunization Record (TB, Measles, Mumps, Rubella, Chicken Pox, Hepatitis B, Influenza and any other shots required by Host Site)

_____ Background/Criminal Check

_____ Drug Screen

_____ Monmouth Medical Center Occupational Health Clearance

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 and must abide by the following terms and conditions:

- I will complete travel training with NJTIP as part of the Boot Camp during the summer of 2020.
- I will complete at least three unpaid job internships at Monmouth Medical Center.
- I will attend the program every day from **8:00 am- 3:00 pm** (subject to change), Monday through Friday.
- 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 excused absences.
- I will follow all the rules established by the program at Monmouth 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 Monmouth Medical Center, it is expected that I will receive an influenza vaccination.

I have read the above terms and conditions and agree to accept my placement in the Monmouth Medical Center Project SEARCH program. I understand that I may be asked to leave Monmouth Medical 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 or Adult/Family completes and submits)
- _____ High School Transcript (Local School will submit on behalf of high school intern)
- _____ Attendance Record (Local School will submit on behalf of high school intern)
- _____ Current IEP (Local School will submit on behalf of high school intern)
- _____ Most Recent Evaluation Team Report (Local School will submit on behalf of high school intern)
- _____ Current ISP (Support Coordinator will submit for Adult Interns only)