INTERN APPLICATION

Project SEARCH- UW Stout
Menomonie, WI

Student Information

Name: _____

Address: _____

School District: _____

Teacher Name and Email: _____

Date of Birth: _____ Current Age: _____

Intern Phone Number:

_____

Professional Intern Email (not school):

_____

Student Disability: _____

Parent/Guardian/Family Information	
Parent/Guardian 1 Name:_____ Address: _____ _____ Phone number: _____ Email address: _____	Parent/Guardian 2 Name:_____ Address: _____ _____ Phone number: _____ Email address: _____

Information for All

1. Acceptance in the Project SEARCH program at UW-Stout is dependent upon the Selection Committee review.
2. Equal Opportunity: No student shall be denied participation in Project SEARCH because of the student's sex, race, religion, color, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.
3. RELEASE: Student records and information concerning the intern applicant may be transferred to the L. E. Phillips Career Development Center for review by Project SEARCH program staff and Selection Committee during the program year.
4. I agree to allow my picture to be taken and for me to be filmed for all program related purposes.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Qualifications

	Yes	No
I will have all my high school credits for graduation completed by August 1, 2026.		
I agree this will be my last year of high school services and I will accept my diploma at the end of the 2025-2026 school year.		
I am my own guardian. If no, please identify guardian name and relationship to you: _____		
I have the desire and I plan to work competitively (16 or more hours/week) after graduation from high school.		
My family supports my goal of competitive community employment.		
I have an original Social Security Card.		
I receive SSI and/or SSDI.		
My immunizations are up to date.		
I am able to pass a drug screen and background check.		
I am eligible for long term care services. ADRC screening date: __/__/_____ I have chosen _____agency.		
I qualify for DVR services. If yes, who is your DVR counselor? _____		

I have had a benefits analysis and/or I understand the impact of earned income on the benefit.		

Employment Background		
	Yes	No
Have you ever been fired from a job? If yes, please explain:		
Have you ever quit a job? If yes, please explain:		
I have had paying job(s) in the community. Places I have worked:		
I have worked at my school doing:		
I have volunteered in my community. Places I have volunteered:		
I am responsible for chores at home:		

Transportation		
	Yes	No
I have my own car, drivers license and insurance.		
I have a Wisconsin ID or a driver's license as a picture ID.		
I know how to use public transportation to get to work or school.		

I use a taxi service to get to work or school.		
I have a reliable family member/other who will provide on-going transportation to get to and from a job.		
I use the school van to get to school.		
I plan to get to UW- Stout Project SEARCH by: List type of transportation.		

Attendance		
	Yes	No
I have had no absences or tardies within the past school year.		
I have had 1-5 absences or tardies within the past school year.		
I have had 5-10 absences or tardies within the past school year.		
I have had 10 or more absences or tardies within the past school year. If more than 10, reasons why:		

Professional/Employability Skills		
	Yes	No
I am independent with personal care (hygiene, restroom use).		
I am able to take medication independently.		
I wear appropriate clothes for the weather.		
I understand flirting, inappropriate touching or public displays of affection such as holding hands, hugging or kissing in a work setting is not acceptable.		
I understand swearing or using profanity in a work setting is not acceptable.		
I show respect to my peers and adults.		
I work cooperatively with others.		
I accept correction and criticism without a negative reaction.		
I have displayed aggressive behavior in a school or work setting (screaming, yelling, hitting, punching, spitting, kicking, fighting).		
I communicate (verbally or nonverbally) and will acknowledge/engage in conversation.		
I engage in appropriate conversations in a school or work environment.		

I am able to independently make my own purchase and handle money.		
I use appropriate body language in school or work (no inappropriate hand gestures, sitting appropriately in a chair/posture, respect personal space).		
I can make my own appointments (for doctors or other activities).		
I know how to tell and keep track of time.		
I stay on task until it is finished, even if I'm interrupted.		
After lunch or a break, I get back to class or work on time independently.		
Please list ways that help you learn best or tools you use to be successful at school or on the job.		

Computer/Electronic Skills		
	Yes	No
I have basic keyboarding skills and use correct typing techniques.		
I have basic keyboarding skills and use only two fingers (hunt and peck).		
I can use Google Docs/ Slides.		
I have access to an email address that I check at least weekly		
I can access the internet to get information, use Google Maps or various search engines.		
I use a computer to access the internet/play games appropriately.		
I can use a cell phone to make calls and text.		

Commitment Statements		
	Yes	No
I committed to following the dress code (to include the Project SEARCH uniform) and other guidelines set by UW-Stout including rules on: appropriate clothing, shoes, facial hair, facial/body piercings, tattoos, jewelry, fingernail polish/length, hair color.		
I am committed to using a cell phone or electronic equipment appropriately.		
I am committed to **full time** attendance (M-F 7:45-2:30).		
I am committed to entering the workforce 16 hours or more per week after Project SEARCH.		

I have people who help support me in my life. Please list below.		
Name	Role	Phone Number:

If invited for assessment day. I would need the following accommodations:

Family/Guardian Input:
Are there additional details you would like the Project SEARCH Team to know:

Preparer

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

Name:_____ Title: _____

Phone Number: _____ Email: _____

Signature: _____ Date: _____

Please return to:

ATTN: Project SEARCH
L. E. Phillips Career Development Center
1515 Ball St
Eau Claire, WI 54703

For questions regarding Project SEARCH or form completion, please contact:
Brian Vanderwyst- *Director of Placement Services*
715-834-2771 ext. 121
brian@lecdc.org

Authorization for Joint Release and Exchange of Information

I, _____, hereby authorize the verbal and/or written exchange of information

regarding the following person: _____ Date of Birth: ___/___/____

to and from representatives of any of the following agencies providing services past or present:

UW- Stout Project SEARCH and L. E. Phillips Career Development Center

I hereby consent to the release of information including all or part of (strike those which do not apply) school records, psychometric evaluations, individual educational plans, medical records, AODA treatment records, mental health evaluations/treatment records, vocational evaluations, and other records specified here:

and hereby release all of the above entities and their employees/agents from all legal responsibility or liability that may arise from the act I have authorized above. I understand the purpose of the exchange of written/verbal information is to assist the agencies in providing continuity of care for me and my family without the duplication of services.

This authorization is effective for one (1) year from the date signed below unless revoked by me.

I understand that:

- My consent to release this information is voluntary.
- My refusal to consent will not result in denial or limitation of services for myself/my child/my ward.
- A copy of this form is as effective as the original.
- I can withdraw my consent at any time.

Parent(s)/Guardian's Name (Please Print): _____

I, the above named student/parent/parent guardian (strike those which do not apply) do hereby execute this authorization for release on this date: ___/___/____

_____ _____

Student/Parent/Guardian Signature Witness (must be 18 or older)

NOTICE TO RECIPIENT:

Except as permitted by state and federal laws and regulations, the further disclosure in any manner of the records and information disclosed in accordance with the authorization provided by this document and/or their use for purposes other than those for which consent for disclosure was granted is prohibited by law without the written consent of the parent or eligible student. **This form does not allow Project SEARCH or L. E. Phillips Career Development Center to release any law enforcement records.**