**INTERN APPLICATION**

**2018-2019 School Year**

**Project SEARCH - Mayo Clinic Health System – Eau Claire, WI**

**Student Information**

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

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

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Parent/Guardian/Family Information**

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

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

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

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

**Information for All**

1. Acceptance in the Project SEARCH program at Mayo Clinic Health System 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 concerning the intern applicant may be transferred to the Eau Claire Area School District for review by Project SEARCH program staff and Selection Committee.
4. I agree to allow my picture to be taken and for me to be filmed for the purpose of marketing our program.

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

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

With this application, please include the following documents:

\_\_\_\_ STUDENT/FAMILY Self-Assessment

\_\_\_\_ TEACHER’S Assessment of Applicant

\_\_\_\_ Current IEP including your Post-Secondary Transition Plan

\_\_\_\_ Vocational Evaluation report, if one has been completed

**Qualifications**

I will be 18 years old by September 1, 2017. \_\_\_\_ Yes \_\_\_\_ No

I will have all my high school credits for graduation

completed by September 1, 2017. \_\_\_\_ Yes \_\_\_\_ No

I agree this will be my last year of high school services and

I will accept my diploma at the end of the 2017-18 school year. \_\_\_\_ Yes \_\_\_\_ No

I qualify for DVR services. \_\_\_\_ Yes \_\_\_\_ No

If yes, who is your DVR counselor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I qualify for long-term support services – I completed my

screening with the ADRC. Date of screening \_\_\_\_\_\_\_\_\_ \_\_\_\_ Yes \_\_\_\_ No

I am able to pass a drug screen, pass a background check

and my immunizations are up to date. \_\_\_\_ Yes \_\_\_\_ No

**I have the desire and I plan to work competitively after**

**I graduate from high school.** \_\_\_\_ Yes \_\_\_\_ No

**Employment Background**

List jobs you do or have done in school or in the community.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer or**  **Organization** | **Job Title** | **Job Duties** | **Supervisor’s Name and**  **Contact Number** | **Paid** | **Not Paid** |
|  |  | 1.  2.  3.  4. | Name:  Contact Number: |  |  |
|  |  | 1.  2.  3.  4. | Name:  Contact Number: |  |  |
|  |  | 1.  2.  3.  4. | Name:  Contact Number: |  |  |
|  |  | 1.  2.  3.  4. | Name:  Contact Number: |  |  |

Have you ever been fired 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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**Transportation**

How do you plan to get to Project SEARCH - Mayo Clinic Health System (Eau Claire)?

Eau Claire Transit \_\_\_\_ Drive myself \_\_\_\_

Family \_\_\_\_ Other \_\_\_\_ please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Response**

Why do you want to become an intern at Project SEARCH – Mayo Clinic Health System?

(Complete in your own words or have someone write your thoughts for you)

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

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**References**

List 3 references (not family) who have first-hand knowledge of your work performance:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Title** | **Phone Number** | **Email Address** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Preparer**

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

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

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

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_