

CREATE Internships Application & Information Release

(Taken online and modified from Project SEARCH)

- Intern Application – pages 1 - 8
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The following information is to be completed by the student, parents/guardians, and teachers collaboratively:

Candidate Name:		Today's Date:	
Candidate Address:		DOB:	
Home School District:		School Attending:	
Referring Teacher Name:			
Email Address:		Work Phone:	
School IEP Case Manager:			
Email Address:		Work Phone:	
Father/ Guardian			
Place of employment		Home Phone:	
Email Address:		Work Phone:	
Mother/ Guardian			
Place of employment		Home Phone:	
Email Address:		Work Phone:	

Application ~ continued

EDUCATIONAL BACKGROUND:

Are you 18 years or older? If not, what is your age? _____

Do you have all your credits necessary to graduate?

Yes No

If not, which credits or classes are you missing? *

*Include IU Graduation Credit Worksheet

Anticipated Graduation Date: _____

EMPLOYMENT BACKGROUND:

How do you want to be employed in the community upon completion of your internship?

Full time Part time

Which shift would you prefer working after completing your internship (mark all that apply)?

1st Shift 2nd Shift 3rd Shift

Do you plan to work during the school year, in addition to being in the CREATE Internships program?

Yes No

If yes where? _____ How many days/ hours? _____

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

Employer	Job Title	Job Duties	Supervisor Name if Paid	Contact Number	Paid or Unpaid

Application ~ continued

Employer	Job Title	Job Duties	Supervisor Name if Paid	Contact Number	Paid or Unpaid

Have you ever been fired from a job?

Yes No

If yes, please explain:

Have you ever quit a job?

Yes No

If yes, please explain:

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TRANSPORTATION:

Do you currently drive?

Yes No

Do you have plans to get your driver's license in the next year?

Yes No

Do you have experience riding public transportation?

Yes No

Do you live on or near a public bus route?

Yes No

Application ~ continued

Will you need transportation to your internship employment site?

Yes No

If no, how do you plan to get to work?

SERVICE AGENCIES:

What existing linkages have you already established?

OVR – Office of Vocational Rehabilitation: _____ Yes ___ No

Counselor: _____

OVR – Blindness & Visual Services _____ Yes ___ No

Counselor: _____

Mental Health Services (please circle one - MH-MR or SAMS): _____ Yes ___ No

Case Manager: _____

Autism/Children’s RC Unit: _____ Yes ___ No

Resource Coordinator: _____

SSI – Supplemental Security Income: _____ Yes ___ No

Caseworker: _____

SSDI – Social Security Disability Insurance: _____ Yes ___ No

Caseworker: _____

MA – Medical Assistance: _____ Yes ___ No

Caseworker: _____

Other: _____ Yes ___ No

Caseworker: _____

Application ~ continued

SUPPORTS & ASSISTIVE TECHNOLOGY:

Please list any limitations that impact employment

Please list what kinds of aids/supports or assistive technology that you use

Do you use sign language? Yes No

Do you require a sign language interpreter? Yes No

Your current primary **LANGUAGE** is one or more of the following (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Spoken Language other than English |
| <input type="checkbox"/> Signed Language other than ASL | <input type="checkbox"/> Spoken English |

Your current primary **COMMUNICATION MODE** is one or more of the following (check all that apply):

Receptive:

- American Sign Language
- Auditory/Oral
- Cued Language
- Finger Spelling
- Gestures
- Signed English
- Tactile

Expressive:

- American Sign Language
- Oral/Spoken English
- Cued Language
- Finger Spelling
- Gestures
- Signed English
- Tactile

Other: Please Explain

Do your parents/guardians/family members sign?

Yes No

Do you require information in alternate formats (Braille, large print, etc.) Yes No

If so, please specify _____

Application ~ continued

COMPUTER SKILL SET:

Select the level of computer application knowledge that applies:

Program	Never Used	Beginner	Intermediate	Advanced
Word				
Excel				
Access				
PowerPoint				
Outlook Email				
Publisher				
Internet				
Intranet				
Other				
Other				

Have you taken formal keyboarding or computer classes?

Yes No

Please list:

BUSINESS MACHINE OPERATION:

Select the level of machine operation that applies:

Name	Never Used	Beginner	Intermediate	Advanced
Cash Register				
Laptop/Desktop Computer				
Scanning Machine				
Printer				
Pager				
Copier				
Commercial Dishwasher				
Laminator/ Heat Sealer				
Postage Meter				
Fax Machine				
Telephone				
Cell Phone				
Calculator				
Bar Code Scanner				
Clock – can tell time				
Other				

Application ~ continued

JOB SPECIFIC SKILL SET:

Check the level of knowledge that applies:

Program	Never	Beginner	Intermediate	Advanced
Alphabetical filing – first letter only Ex. Apple Banana				
Alphabetical filing – multiple letter Ex. Apple Appleton				
Numerical filing – Single digit Ex. 1 2				
Numerical filing – Multi-digit Ex. 586 5867				
Count money & make change (with/without a calculator)				
Experience Folding Linens				
Experience Maintaining a Salad Bar				
Experience stocking medical or business supplies				
Displays fine motor skills: Using knives, scissors, box cutter/razor blade, typing, writing legibly (circle all that apply and rate)				
Displays time management skills *				

*Can the student come back to work on time from break/lunch and/or do they understand time lapses (such as estimating how much time a task or lunch may take and plan their day accordingly).

Additional Comments on Skills:

Students: Please circle two to three areas in which you might like to work:

Retail

Construction

Clerical

Patient Transport

Reception

Delivery/Cleaning of Equipment

Warehouse

Housekeeping

Kitchen

Grounds-keeping

Teachers: (For interns who are in school only)

***Please attach the most recent 1) IEP (including, as appropriate, the Communication Plan or Behavioral Support Plan), and the most recent evaluations/progress monitoring for school/community-based training sites.**

SIGNATURES:

My signature below indicates that I understand that this application will be reviewed by the CREATE Internships staff.

Student Signature

Date

Parent/Guardian (if applicable)

Date

Teacher/Counselor Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

INSTRUCTIONS: Provide information as requested. Use Pen.

Name of Intern (Last, First, Middle Initial)	ID Number	Birth date	
Street Address	City	State	Zip

INTERN RELEASE AND SIGNATURE

<p>1. I Hereby Authorize: (Name and Address of Person/Agency)</p>							
<p>2. To Release Information To and Receive Information From: (Name and Address of Person/Agency)</p>							
<p>3. The Following Information Is Requested: (Be Specific)</p> <p style="margin-left: 20px;"> All referral information Monthly progress reports Medication records/medication history Medical reports Social history, adaptive behavior profiles Diagnostic, assessment and evaluation reports Financial and programmatic reports Psychiatric evaluations and progress notes Other: _____ </p>							
<p>4. The Information Identified Above Will Be Used For: (Be Specific)</p> <p style="margin-left: 20px;">Internship participation</p>							
<p>5. This release of information consent remains in effect from:</p>							
<p>INTERN CONSENT: This authorization is voluntary and remains in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this release is as effective as the original.</p>							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Signature of Intern:</td> <td style="width: 20%;">Date</td> </tr> <tr> <td>Signature of Parent/Guardian or Custodian of Intern (if applicable)</td> <td>Date</td> </tr> <tr> <td>Signature of Witness (if needed)</td> <td>Date</td> </tr> </table>	Signature of Intern:	Date	Signature of Parent/Guardian or Custodian of Intern (if applicable)	Date	Signature of Witness (if needed)	Date
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