



# Project|SEARCH

## Candidate Application

### 2017-2018

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

[www.projectsearch.us](http://www.projectsearch.us)

#### Dear Project|SEARCH Applicant:

Please complete this application. If you need help, please ask your teacher or parent/support staff. Fill out each section with the best information about yourself and your skills that will help us learn more about you. If someone else helps you, ask them to write down the answers in your own words. *The Project|SEARCH Staff*



Equal Opportunity: Career placement will be made without regard to race, color, national origin, gender, age, religion or presence of a disability.





## Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set the ProjectSEARCH Intern Candidate has already acquired. This application enables the Selection Committee to properly assess each applicant's interests, skills, abilities and background.

The Selection Committee includes representatives from Pearl Buck Center, a ProjectSEARCH Program Manager, representative(s) from PeaceHealth RiverBend/UD, a Lane County Developmental Disabilities, Oregon Vocational Rehabilitation Services( OVRS), and a representative from Full Access or Mentor Brokerage.

When an application is submitted, the applicant, parent, caregiver, counselor, personal agent, teacher or employer may be contacted by the Selection Committee to gather additional information. Our goal is to select interns who will be successful in a ProjectSEARCH program and reach the outcome of competitive employment.

Final placement into this training program will depend upon the decision of the selection committee. Our end goal is to select candidates who will be successful in the ProjectSEARCH program and reach the outcome of competitive employment.

Candidates are expected to seek competitive employment, with assistance, before the end of the 2017-2018 internship year.

### Selection Process includes the following guidelines:

1. All interns and parents/caregiver are encouraged to attend an Family Information Session to learn about the program and the admission process on **March 8, 2017**
2. Submit the completed application to Pearl Buck Center by 3:30 pm on **May 1, 2017**.
3. Selection Committee will review the applications, and an interview will be scheduled on **May 15, 2017**.
4. If accepted interns must pass a criminal background check and drug screen.
5. If accepted the candidate will receive an acceptance letter and assessment packet.
6. Submit the completed assessment packet to Pearl Buck Center by 3:30 pm on **June 1, 2017**.
7. After being accepted, the Selection Committee will match the intern's skill set and interests with the appropriate ProjectSEARCH opportunity.





## ProjectSEARCH Entrance Criteria

### Candidates must:

1. Have the desire to work competitively throughout the entirety of the program
2. Be at least 18 years of age
3. Meet eligibility requirements for Oregon Vocational Rehabilitation Services
4. Meet eligibility requirements for the State of Oregon Developmental Disabilities Services or Brokerage services
5. Have finished the necessary credits for graduation
6. Have independent personal hygiene and grooming skills
7. Maintain appropriate behavior and social skills in the workplace
8. Utilize public transportation *when* available and participate in travel training to ensure success in using the bus independently or be able to travel to and from the work site in a reasonable, dependable and consistent manner with necessary back-up.
9. Have previous experience in a work environment (including school, volunteer, and paid work)
10. Be able to pass a drug and health screening and criminal background check
11. Have immunizations up to date including maintaining current flu vaccine and willing to participate in a series of TB tests and checks
12. Provide documentation for legal right to work in the US (Social Security & Oregon ID cards)
13. Be served by Lane County DD Services or Brokerage Services
14. Applicants who desire to gain competitive employment at the end of the ProjectSEARCH program (20 hours or more per week)
15. Be able and willing to participate in the program hours of 8:30 am to 3:30 pm, 5 days per week with a half hour lunch break.
16. Be aware that the candidate's acceptance to the ProjectSEARCH PeaceHealth RiverBend and/or University District programs will be subject to a 30 day probationary period



## ProjectSEARCH Intern Guidelines:

- Complete three unpaid job rotations within PeaceHealth SacredHeart Medical Center RiverBend or the University District
- Attend the program every day for 7 hours per day (e.g. 8:30 am—3:30 pm ), Monday through Friday
- Understand that the ProjectSEARCH program correlates with the Pearl Buck Center calendar
- Call ProjectSEARCH instructor and departmental supervisors when absent or tardy
- Make up any time missed due to excused absences
- Provide own transportation to PeaceHealth SacredHeart—RiverBend or University District (school buses will not provide transportation and RideSource will not be a viable option)
- Learn to use public transportation
- Follow all the policies and procedures established by the program and PeaceHealth
- Dress according to the dress code and uniform requirements of ProjectSEARCH, PeaceHealth and/or the specific rotation
- Attend a Benefits Meeting with family/support staff to learn how working affects SS/SSI benefits
- Attend quarterly Employment Planning Meetings with PS Instructor, PS Skills Trainers, VR counselor, Support Coordinator and family supports. Be an active participant and communicate any issues at the meetings which will be held at least twice during the internship and led by the intern
- Understand that the desired outcome for ProjectSEARCH is full/part-time paid employment in the community.
- Actively pursue employment

\*The intern will be asked to sign the ProjectSEARCH contract after acceptance into the program.

## ProjectSEARCH Application Packet Checklist

**\*PLEASE NOTE\***

**ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SENT TOGETHER FOR AN APPLICATION TO BE CONSIDERED. IF YOU NEED ASSISTANCE COMPILING THIS INFORMATION, PLEASE SPEAK WITH YOUR TEACHER, COUNSELOR , OR SUPERVISOR.**

- Completed Application (front cover page along with pages 9-22 )
- Color Photo (Wallet Size)
- Signed and Dated Release of Information Form
- Current Individual Education Plan (IEP) including Transition Goals
- High School Transcript (If applicable)
- Attendance Record (Either school or vocational)
- Career Assessment—most recent vocational evaluation or career interest survey

Please return the front cover page along with pages 9-22 in addition to the listed items above

**Return completed Packet to:**

**Pearl Buck Center:**

Attention—Holly Powell, Admissions Coordinator

3690 W. 1st Ave.,

Eugene, OR 97402

(541) 337.3042

## Recruitment Timeline for the 2017 - 2018 Program Year

- ◆ March 8, 2017 - Family Information Session
- ◆ **May 1 2017 - Completed Applications due**
- ◆ May 15, 2017 - interview Day
- ◆ May 16 2017 - Acceptance letters and Assessment & Consent Forms Packet mailed
- ◆ May 16, 2017 - Division of Vocational Rehabilitation Services & Division of Developmental Disabilities Counselors open eligible cases.
- ◆ **June 1, 2017– Assessment & Consent Forms Packet due**
- ◆ August 22, 2017 - New Interns and families attend Welcome & Orientation Day Event
- ◆ September 11-22, 2017- ProjectSEARCH Orientation
- ◆ September 25, 2017 - Program begins and follows the Pearl Buck Center holiday Calendar







# APPLICATION FOR ADMISSION

## A. APPLICANT PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

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

Cell/Home Phone: \_\_\_\_\_  
Cell Home

School District of Residence: \_\_\_\_\_  
Location Dates in Attendance

Vocational Program: \_\_\_\_\_  
Location Dates in Attendance

Date of Birth: \_\_\_\_\_  Male  Female

Please tell us the best way to contact you

E-mail  Text  Phone call



**APPLICATION FOR ADMISSION**

**B. PARENT/GUARDIAN/PROVIDER PERSONAL INFORMATION:**

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

Address: \_\_\_\_\_  
Street City Zip Code

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

Cell/Home Phone: \_\_\_\_\_  
Cell Home

Work Phone: \_\_\_\_\_

Please tell us the best way to contact you  E-mail  Text  Phone call

Relationship to Applicant: \_\_\_\_\_

## APPLICANT WORK/VOLUNTEER HISTORY

Please fill out the following or attach a resume. List jobs in order of most recent.

<b>Start Date:</b>	<b>Employer &amp; Address:</b>		<b>Reason for leaving::</b>	
	<b>Supervisor:</b>		<b>Contact Number:</b>	
<b>End Date:</b>	<b>Task 1:</b>		<b>Task 2:</b>	
	<b>Task 3:</b>		<b>Paid Employment:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Start Date:</b>	<b>Employer &amp; Address:</b>		<b>Reason for leaving:</b>	
	<b>Supervisor:</b>		<b>Contact Number:</b>	
<b>End Date:</b>	<b>Task 1:</b>		<b>Task 2:</b>	
	<b>Task 3:</b>		<b>Paid Employment:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Start Date:</b>	<b>Employer &amp; Address:</b>		<b>Reason for leaving:</b>	
	<b>Supervisor:</b>		<b>Contact Number:</b>	
<b>End Date:</b>	<b>Task 1:</b>		<b>Task 2:</b>	
	<b>Task 3:</b>		<b>Paid Employment:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Start Date:</b>	<b>Employer &amp; Address:</b>		<b>Reason for leaving;</b>	
	<b>Supervisor:</b>		<b>Contact Number:</b>	
<b>End Date:</b>	<b>Task 1:</b>		<b>Task 2:</b>	
	<b>Task 3:</b>		<b>Paid Employment:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICATION FOR ADMISSION

### REFERENCES

#### List THREE Non-Family References

(People who have first-hand knowledge of your work performance) Teachers, Counselors, Clergy, Supervisors, Managers, Job Coaches, ...

One may be your Services Coordinator/PA

	Name	Title	Phone Number	Email Address	Years Known
1.					
2.					
3.					

Have you ever been fired, laid off or asked to resign or quit a job?

Yes  No

If yes, please explain: \_\_\_\_\_

After the Project|SEARCH program is completed, do you plan on getting and maintaining a:

Full time job  Part time job

How many hours per week?

How many days per week?

Area(s) of interest?

## TRANSPORTATION

**Check all boxes that apply.**

1. How do you plan to get to Project|SEARCH?

Self  Public Transportation  Family  Other

2. Have you used Public Transportation?

Yes  Accompanied by an adult  No

3. Have you used private transportation? (Taxi, RideSource, etc.)

Yes  Accompanied by an adult  No

4. Do you have a driver's permit?

Yes  Currently pursuing  No

5. Do you have a driver's license?

Yes  No

### SERVICE AGENCIES

Do you have a Vocational Rehabilitation Counselor through Oregon Vocational Rehabilitation Services?

Yes Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

No

In process Comments: \_\_\_\_\_

Are you eligible for services from the Lane County Developmental Disabilities program?

Yes Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

No

In process Comments: \_\_\_\_\_

Are you receiving Social Security benefits?

Are you eligible for Social Security benefits?

Yes  No

Yes  No

Do you require any accommodations to work independently? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICATION FOR ADMISSION

### INDEPENDENT LIVING

Medications taken by applicant:

Medication	Dosage	Time of day

A separate sheet listing medications/dosage and time of day may be attached to this application

- List any health or medical issues that may impact a successful job placement.

---



---



---

- Please list any other challenges or limitations that may impact your ability to keep a job.

---



---



---

- Please explain challenges, limitations or accommodations needed:

---



---



---

**APPLICATION FOR ADMISSION**

**APPLICANT RESPONSE QUESTIONS**

(Please complete in your own words or have someone write your thoughts for you, using your own words)

**1. Why are you interested in an internship with ProjectSEARCH?**

---

---

---

---

---

**2. What are your hopes and dreams for employment?**

---

---

---

---

**3. What do you see as your strengths? What do you see as your weaknesses?**

---

---

---

---

**4. What type of work environment do you feel will be most suitable for you?**

---

---

---

---





## APPLICATION FOR ADMISSION

---

### SCHOOL STATUS

**Check all boxes that apply.**

- I have all my credits for graduation
- I still need the following classes in order to graduate (Please fill out the classes still needed for graduation)

⇒ \_\_\_\_\_

⇒ \_\_\_\_\_

⇒ \_\_\_\_\_

- I still have one or more years of school eligibility
- My school eligibility continues through:
  - The day I turn 22
  - The school year in which I turn 22

- I have graduated (Please give name of the school and date in which you graduated)

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Date Graduated





## APPLICATION FOR ADMISSION

---

### SCHOOL , WORK AND COMMUNITY SUPPORTS

Check all boxes that apply

I receive(d) Related Services through my school district

\_\_\_Speech Therapy

\_\_\_Occupational Therapy

\_\_\_Physical Therapy

\_\_\_Other \_\_\_\_\_

*Note: Related Services are only available on a consult basis once a student is enrolled in a Project|SEARCH program*

List name of your

Case Manager \_\_\_\_\_

Services Facilitator \_\_\_\_\_

Who else helps to support you in your life?

Name	Title	Phone Number





## APPLICATION FOR ADMISSION

---

### Request For Release of Information/Records *Permission to Observe*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

My signature provides authorization to the following to release records, share information, and observe the above name consumer:

- Pearl Buck Center
- Oregon Vocational Rehabilitation Services
- Social Security Administration
- Oregon Department of Human Services
- County Mental Health Center
- Judicial System
- Job Developer
- Parent/Guardian
- Employer/Supervisor/Job Coach
- Medical Doctor
- Local School District
- Local Board of MR/DD
- County Core Transition Team
- Other

It is understood that the records or information so provided will be maintained with all due safeguards as provided by the laws of "Privacy and Rights."

The purpose of this review of information and records is to provide assistance and needed information to those in the Selection Committee and the Project|SEARCH staff in determining eligibility into the program and assisting with securing employment for the applicant once s/he is accepted

as an intern in the program.

This release of information shall be in effect one year from date of signatures. Please sign below to give authorization to Pearl Buck Center to obtain your records.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If applicable)

\_\_\_\_\_  
Date





Telephone (541) 484.4666

Fax (541) 484.0886

[www.pearlbuckcenter.com](http://www.pearlbuckcenter.com)

3960 W. 1st Avenue \*Eugene, Oregon 97402

## APPLICATION FOR ADMISSION

### PREPARER

**If this application has been completed by someone else other than the applicant, please provide the following information and sign:**

\_\_\_\_\_  
Name Relationship to Applicant-Title

\_\_\_\_\_  
Phone Number Date

\_\_\_\_\_  
Signature





Telephone (541) 484.4666  
Fax (541) 484.0886  
[www.pearlbuckcenter.com](http://www.pearlbuckcenter.com)  
3960 W. 1st Avenue \*Eugene, Oregon 97402

