



Project | SEARCH
Seacoast New Hampshire



Student Application 2024-2025

Name: _____

Date Received (official use only) _____

Application Purpose & Guidelines

The purpose of this application is to enable the Selection Committee to assess each candidate's skills, abilities, background and desire to work. A parent, counselor, case manager, teacher or employer may be contacted by the Selection Committee in order to gather additional information. Our goal is to select SEARCH interns who will be successful in Project SEARCH and reach the goal of competitive employment.

The Selection Process includes the following guidelines:

1. All candidates are encouraged to attend an Info Session.
2. Submit the completed application (**part 1 and part 2**) and required documentation* by **March 8, 2024** to:

Carla Smith
Community Partners
113 Crosby Rd
Dover NH 03820

*Additional information must be submitted with the application in order to assess the potential for success in Project SEARCH. Samples include but are not limited to:

- IEP or ISA, Attendance Records, Assessments, and/or Evaluations
 - **Two** completed reference forms
3. The Selection Committee will review the applications
 4. Skills Assessments and Interviews will be held March 12,13, 2024

Please note:

The Selection Committee includes the Project SEARCH Instructor, a representative from Portsmouth Regional Hospital, a NH Vocational Rehabilitation counselor and Community Partners. Project SEARCH is a competitive program. Acceptance is NOT guaranteed.

The selection process will consider:

1. Candidates who desire to work competitively upon completion of the Project SEARCH program
2. Candidates who can use public transportation or other available transportation resources
3. Candidates who will benefit from participation in a variety of internships
4. Candidates who have finished their necessary credits for high school graduation
5. Only candidates who have completed the required hospital tour will be considered
6. Please refer to the Entrance Criteria for complete list of considerations

Deadlines and Timeline:

1. Application due: **March 8, 2024**
2. Interviews & Skills assessment held **March 12,13, 2024**
3. Acceptance letters mailed by: **March 22, 2024**
4. NH Vocational Rehabilitation cases opened by: **June 1, 2024**
5. The following items must be sent to Community Partners no later than **May 31, 2024**:
 - Government issued photo ID
 - Criminal Background Check Release Form
6. Drug screens and medical clearance must be completed at :
7. Occupational Health Services, 25 New Hampshire Avenue, Suite 105, Pease International Tradeport, Portsmouth, NH 03801 Call 603-430-9675 for an appointment
8. Students have the option of getting a flu shot or wearing a mask at the hospital from October to March.

PART 1: TO BE COMPLETED BY THE APPLICANT

Applicant Name:	_____	_____	_____	
	Last	First	Middle	
Applicant Address:	_____	_____	_____	_____
	Street	City	State	Zip Code
Applicant Email:	_____			
Applicant Phone Number:	_____			
Applicant Date of Birth:	_____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parent/Guardian Name:	_____			
Parent/Guardian Email:	_____			
Parent/Guardian Address:	_____	_____	_____	_____
	Street	City	State	Zip Code
Parent/Guardian Home Phone:	_____		Parent/Guardian Cell Phone: _____	
Parent/Guardian Work Phone:	_____		Fax: _____	

Applicant & Guardian Information:

- 1. Joint Release:** The student's educational/employment record will be transferred from his or her school or agency to Project SEARCH partners (Community Partners, NH Vocational Rehabilitation and Portsmouth Regional Hospital). The health information requested after acceptance is part of this joint release.
- 2. Equal Opportunity:** Project SEARCH placement will be made without regard to race, national origin, sex, religion or presence of a disability.
- 3. Community Partners:** Policy requires that payment be made prior to the first day of class for each semester. Any school or organization that is paying your first-semester tuition will have to provide a letter to Community Partners committing to that payment.

Applicant Signature	Date
Parent/Guardian Signature	Date

Future Employment Preferences and Current Employment:

How do you want to be employed in the community upon completion of Project SEARCH? Full time (35 – 40 weeks) <input type="checkbox"/> Part time (16 – 20 hours) <input type="checkbox"/> Either <input type="checkbox"/>	
Please check which shifts would you be willing to work after graduating from Project SEARCH? 1 st Shift <input type="checkbox"/> 2 nd Shift <input type="checkbox"/> 3 rd Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> (8am – 4pm) (4pm – 12am) (12am – 8am)	
Please list the towns where you are willing to work:	
Do you plan to work in addition to being in the Project SEARCH Program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? _____ How many days/hours per week? _____	

Employment History:

Employer Name:	
Job Title:	
Job Duties:	
Dates Employed:	
Supervisor Name:	
Supervisor Phone Number:	
Hours per week:	
Reason for leaving/dismissal:	

Employer Name:	
Job Title:	

Job Duties:	
Dates Employed:	
Supervisor Name:	
Supervisor Phone Number:	
Hours per week:	
Reason for leaving/dismissal:	

Employer Name:	
Job Title:	
Job Duties:	
Dates Employed:	
Supervisor Name:	
Supervisor Phone Number:	
Hours per week:	
Reason for leaving/dismissal:	

Volunteer History:

Employer Name:	
Job Title:	
Job Duties:	
Dates Employed:	
Supervisor Name:	
Supervisor Phone Number:	
Hours per week:	
Reason for leaving/dismissal:	

Employer Name:	
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Job Title:	
Job Duties:	
Dates Employed:	
Supervisor Name:	
Supervisor Phone Number:	
Hours per week:	
Reason for leaving/dismissal:	

Employment/Volunteer Experience:

Did you work independently at previous jobs or volunteer sites? Yes No

Did you receive job coaching or other support in previous jobs or volunteering work? Yes No
 If yes, what type? How many hours per week? Who provided these supports?

Did you have one-on-one support during any of your work or volunteer experiences? Yes No

Did you receive any accommodations in a previous job? Yes No
 If yes, what type?

Have you found and kept previous employment without assistance? Yes No
 If yes, which ones?

What supports would help you succeed in a job?

Please list any limitations that affect your ability to work:

If you have a physical disability, please list the kinds of aids, supports or assistive technology used:

Keeping in mind that Project SEARCH meets Monday – Friday, 9:00am – 3:00pm, do you have any health or medical issues that may impact your ability to complete the program? Yes No

If yes, please explain:

Transportation:

Do you currently hold a Driver's License or Temporary License? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when does it expire?
Will you obtain a Driver's License within the next year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?
Will you have a family member provide transportation to Project SEARCH? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who?
Do you live near public transportation (i.e. COAST or Wildcat bus)? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you comfortable using public transportation to Project SEARCH? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, would you agree to participate in bus training?
If NO to all of the above, how will you travel to Project SEARCH?

Independent Living:

With whom do you live?
Do you use an alarm clock or your smart phone to get yourself up in the morning? Yes <input type="checkbox"/> No <input type="checkbox"/>

If NO, how do you wake up?

Do you wear glasses or contacts? Yes No
 If yes, please explain the nature of your vision impairment:

Do you use any devices or aids to assist with your hearing? Yes No
 If yes, please explain the nature of your hearing impairment and what devices you use:

Do you use sign language and/or a communication device? Yes No

Do you perform daily care (bathing, grooming, dressing and toileting) on your own? Yes No
 If not, who assists you and how (including cueing and prompting)?

Do you take prescribed medications independently? Yes No

Medication	Dosage	Time of Day	Purpose

Do you have any allergies: Yes No
 If yes, what?

Service Agencies:

Do you have a Vocational Rehabilitation Counselor? Yes No
 If yes, please complete:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Are you eligible for services from the area agency system? Yes No
 If yes:

One Sky Community Services

Community Partners

Other Area Agency: Name: _____

Has an agreement been established with your school district or area agency regarding payment for tuition? Yes No

Please explain:

Are you currently utilizing services from other agencies? Yes No

If yes, please complete below:

Agency	Services Provided	Agency Contact	Phone Number	Dates of Service

Guardianship information:

Do you have a legal guardian? Yes No

If yes, please complete:

Guardian Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Why do you want to come to Project SEARCH, and how do you think Project SEARCH will help you achieve your work goals? (To be completed in the applicant's words.)

Applicant and Parent/Guardian please read the applicant agreement below and sign and date.

By applying to Project SEARCH program, you are agreeing to abide by the following terms and conditions:

- I will conduct myself in a mature and professional manner in the Project SEARCH classroom, within Portsmouth Regional Hospital and at the assigned internship sites.
- I will complete at least three unpaid internship rotations within the host business unless offered appropriate employment.
- I will attend the program daily from 9:00am - 3:00pm, Monday through Friday according to the Project SEARCH Seacoast NH calendar and maintain attendance in accordance with program policy – no more than seven absences.
- I will dress appropriately (business casual) and wear required attire when necessary.
- I will notify the Project SEARCH instructor(s) and my internship supervisor when I am absent or tardy.
- I will complete all homework as assigned.
- I understand that I am responsible for transportation to the host site.
- I will learn to use public transportation when available if necessary.
- I will follow all the rules established by the program and hospital.
- I will attend quarterly meetings with my parents/guardians, case manager and SEARCH staff.
- I will be an active participant and communicate any issues or concerns.
- I will actively pursue employment independently as well as with assistance upon graduation.

If accepted and I cannot meet the terms and conditions, I understand I will be asked to leave Project SEARCH.

Applicant Signature	Date
Parent/Guardian Signature	Date

If applicable, the person assisting the student to complete this application is:

Name:	Title:	Date:
Phone Number:	Email Address:	Organization:

Signature of Person Assisting in completing this application (if applicable)

**PART 2: TO BE COMPLETED BY THE AREA AGENCY OR SCHOOL PERSONNEL:
(PARENT/GUARDIAN SHOULD COMPLETE IF NEITHER OF THE ABOVE APPLY)**

Name:	Organization:	
Phone:	Email Address:	
Has the applicant met requirements for high school graduation? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, the applicant will be accepting or accepted their diploma (month/year): If no, what does the applicant need to do in order to meet requirements?		
Does the applicant still receive services from the school? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when will these services end?		
Number of days applicant has been absent	Current Year:	Last Year:
Comments about attendance and punctuality:		

Has the applicant exhibited any behaviors that would impact his/her ability to independently maintain appropriate behavior in a professional environment? Yes No

If yes, please describe:

Has the applicant ever been suspended/excluded/removed from the school or program?

Yes No

If yes, please describe and date:

Other than public education, has the applicant received any additional formal employment training?

Yes No

If yes, please describe and include date(s):

Additional Comments:

Area Agency/School Personnel Signature:

Date: