



## Gundersen Health System Project SEARCH Candidate Application 2024

Photo of Candidate:

Candidate Name:

High School Attending:

**Return completed packet or if you have any questions contact:**

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



# Application Purpose and Guidelines

The purpose of this application packet is to outline the skill set of the Gundersen Health System Project SEARCH student candidate. This application enables the Selection Committee to properly assess each student candidate's interests, skills, abilities and background. A parent, student, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. Our goal is to select students who will be successful in a Project SEARCH program and reach the outcome of competitive employment.

## The Selection Process includes the following guidelines:

1. Submit the completed application to the address on your cover letter by Friday, February 16th, 2024.
2. Assessment Day will be held on March 1<sup>st</sup> at Gundersen Health System La Crosse. Parents must provide transportation unless worked out with School District.
3. The Selection Committee will review the applications, and send an informational letter in the mail by March 18th. At that time, you will become aware of acceptance into the program
4. If accepted, your IEP and DVR team will meet to plan your transition plan for the 2023-2024 school year.
5. If accepted, students must have up-to-date immunizations, a TB test and have an employee health check prior to starting the 2023-2024 school year.

## **\*Please Note:**

The Selection Committee will include the Host Site Liaison, the Project SEARCH Instructor, Project SEARCH Skills Trainer Liaison, Holmen High School Transition Coordinator, Vocational Rehabilitation Counselor, Gundersen Health System employees, and other members of the Project SEARCH steering committee.

## **Order of selection will be:**

- 1 – Students who have finished their necessary credits for graduation
- 2 – Students who will benefit from participation in a variety of internships
- 3 – Students enrolled in DVR
- 4 - Students who desire to gain competitive employment at the end of the Project SEARCH program



## APPLICATION FOR ADMISSION

### APPLICANT PERSONAL INFORMATION:

Name:

Current School District:

Case Manager:

Address:

Email Address:

Cell/Home Phone:

Date of Birth:

Male       Female

### PARENT/GUARDIAN PERSONAL INFORMATION:

Parent 1 name:

Address:

Phone:

Work phone:

Email address:

Parent 2 name:

Address:

Phone:

Work Phone:

Email address:

### STUDENT/PARENT INFORMATION:

1. Acceptance into the Project SEARCH Program is dependent upon the Selection Committee review.
2. Upon selection, the student records concerning my son/daughter may be transferred to Holmen School District and DVR records will be transferred to the DVR counselor covering Holmen High School.
3. Equal Opportunity: Career placement will be made without regard to race, color, national origin, sex, age, religion or presence of disability.

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

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

**SCHOOL DISTRICT REFERRAL:**

Name:

Title/Position:

Email address:

School/Agency:

Does the student have the necessary credits for graduation?

Yes

No

Days absent - 11th Grade:

12th grade:

Comments about Attendance:

\*Primary Disability:

\*Student Academic Skills are at what grade level:

Math:

Reading:

\*Student Pace and Work Quality: please check which best describes this student

- Student seldom gets work finished in allotted time period or by deadline
- Student methodical, which affects pace, productivity and output
- Student can achieve appropriate work pace but quality suffers or work quality is sufficient but quantity is affected
- Pace and quality of work are mildly deficient but improving and work is neat
- Student is able to achieve both quality and quantity of work, maintains neatness/organization and completes work according to deadlines

**Comments about Past Work History:**

Why do you believe this student is a good match for Gundersen Health Project SEARCH?

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

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

**EMPLOYMENT BACKGROUND:**

When you are hired for paid employment, do you want to work? Please check both if applicable:  Full-Time  Part-Time

Do you plan to work during the school year, in addition to being in the Project SEARCH Program?

Yes  No

**List all jobs or volunteer opportunities you do or have done in school or in the community. List most recent first:**

Name of Employer:

Start Date:

End Date:

Paid Employment?: Yes No

Please describe your job duties:

Name of Employer:

Start Date:

End Date:

Paid Employment?:      Yes      No

Please describe your job duties:

Name of Employer:

Start Date:

End Date:

Paid Employment?:      Yes      No

Please describe your job duties:

\*Have you ever been fired from, let go from or asked to resign from a job?

Yes

No

If yes, please explain:

**TRANSPORTATION:**

How do you plan to get to Gundersen Health Project SEARCH?

- Self      Family       School       Public       Other

**SERVICE AGENCIES:**

Do you have a Vocational Rehabilitation Counselor? (DVR)

Yes      Name of Counselor:

No

Do you have a Case Manager, Social Worker, or IRIS consultant?

Yes      Name of CM or IC:

No      Agency they work for:

Contact Info: (email & phone)

**ADDITIONAL INFORMATION**

**\*\*List any health or medical issues that may impact a successful job placement:**

**\*\*Please explain any accommodations or assistive technology you currently use.**

**Commitment to Community Employment**

I want to get a job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Are you willing to work 16 hours a week or more in an integrated setting after you finish Project SEARCH?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes
Does your family support your work goals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sometimes

**Where do you want to work after Project SEARCH?**

**Personal Statement (Answer Questions Below)** Please give us some examples of how you would solve these problems. *If someone writes the answers for you, have them do it in your own words.*

**How did you hear about Project SEARCH?**

**What do you want us to know about you?**



**Why do you want to become an intern at Gundersen Health Project SEARCH? (complete in your own words or have someone write your thoughts for you, using your own words)**

**PREPARER:**

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: [\\_\\_\\_\\_\\_](#)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE OF INFORMATION**

After looking at this form, the Selection Team will reach out to your school and agency contacts. They will ask for other information to get to know you better.

- This will include:
  - Education documents such as: Evaluation Team Report (ETR), Individualized Education Program (IEP), attendance and health records, assessments
  - VR documents such as: Individualized Plan for Employment (IPE), other assessments
  - Long term support documents such as: a functional screen

You and your parent / guardian will need to sign the accompanying “Release of Information” form.

Do you have any concerns about this release of information?      Yes      No

# GUNDERSEN HEALTH SYSTEM PROJECT SEARCH INTERN AGREEMENT

**\*Please read the expectations below and sign and date**

I, \_\_\_\_\_, understand that if I were an intern in the Gundersen Health System Project SEARCH program I must abide by the following terms and conditions:

- I will complete at least 3 unpaid job rotations within the school year
- I will attend the program every day – Monday through Friday and strive for perfect attendance
- I will call my instructor and departmental supervisors if I am absent or late
- I will dress appropriately, following dress code and uniform requirements for internships
- I will maintain proper hygiene and grooming
- I will follow rules and regulations at host business including intern agreement
- I will attend and be an active participant in my Employment Planning Meetings with my Instructor, Skills Trainer, VR Counselor, Support Coordinator and Family Supports
- I understand that the desired outcome for me in Project SEARCH is full/part-time paid employment in the community
- I will actively pursue paid employment upon completion of the program
- I agree that at no time will any information regarding patients be revealed to anyone other than those authorized to receive it
- I agree that the sharing of such information with those not authorized to receive it is unlawful and shall be cause of immediate dismissal from the internship
- I agree to abide by all of the work and safety rules at Gundersen Health System or it could be cause of dismissal from the internship
- I agree that this is not an agreement for employment and no employment contract is being created by virtue of being an intern for Project Search
- To recognize and respect the uniqueness that we all have as individuals and to respect every individual at Gundersen Health System. We expect our interns not to harm others physically or emotionally.

I have read the above terms and conditions and agree that I would be able and willing to abide by them. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# GUNDERSEN HEALTH SYSTEM®

## Consent for Use of Photographs, Videotapes, Recordings & Interview

By signing this document, I on behalf of myself, the minor or ward identified below:

Agree and allow my/their story, photo image(s), performance, name and/or voice recording(s) (collectively "the material") may be used by Gundersen Clinic, Ltd., and Gundersen Lutheran Medical Center, Inc., and its affiliated organizations (collectively "Gundersen Health System"), for any commercial, educational, informational, demonstrative and/or promotional purposes;

Authorize and grant Gundersen Health System the unlimited right to use and display the material in the manners described above;

Hereby release Gundersen Health System and its staff from any liability resulting from the use and display of the material as described above;

Agree the material may be retained for an indefinite period in Gundersen Health System's photo libraries for potential future use in programs or projects where it may be applicable;

Certify that I am at least eighteen years of age, or that I am the parent or legal guardian of the minor/ward named below.

**Printed Patient Name:** \_\_\_\_\_

**Printed Parent/Guardian Name** *(if patient <18yo)* \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip*

**Phone:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Email:** \_\_\_\_\_

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

**Gundersen Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_