STUDENT PRE-APPLICATION FOR PROJECT SEARCH

Applicant Data

(To be completed by student and returned to Southwestern Community College Educational Opportunities)
This application, along with attached Release of Information Form, must be completed and returned to Danielle Chambless or Devonne Jimison at SCC – please call (828)339-4322 or (828)339-4486

Name: _____Phone #_____

Address: _____

School Attended _____ Teacher Name _____

Parent or Guardian Name: _____

Parental and Student Consents:

- Be at least 18 years of age and have completed final year of high school
- Meet eligibility requirements for NC Office of Vocational rehabilitation (VR).
- Must commit to attendance expectations.
- Have independent personal hygiene, daily living, and grooming skills.
- Maintain appropriate behavior and social skills in the workplace—take and follow directions from supervisors.
- Be able to communicate effectively, including self-advocacy, in order to complete required work-related functions.
- Have a desire to explore transportation options and be trained to travel independently.
- Have up-to-date immunizations and will participate in and must pass all health screenings and criminal background checks and any drug screening required by Harris Regional Hospital (the host business).
- Participate in a one year program designed around employability skills.
- SCC, Harris Regional Hospital, and VR reserve the right to remove a student for non-compliance with program guidelines.
- Previous experience in a work environment preferred (including school, volunteer or paid work).
- Student must be able to provide one letter of recommendation for the Project Search program from a non-relative
- **Desire and plan to work competitively in the community at the conclusion of the Project SEARCH program.**

I understand that by completing this pre-application process as the 1st step in the application process, it does not guarantee my participation in this 1 year program. I am aware that in completing this pre-application form I confirm that I meet and agree with the above program criteria:

_____ _____
Applicant signature Date

I understand that by completing this pre-application as the 1st step in the application process, my son/daughter is not guaranteed participation in this program. I, as parent of the intern who has completed the intern data section, give permission for my son/daughter to participate in Project Search. I acknowledge that my son/daughter meets the above criteria necessary for participation

_____ _____
Signature of Parent/Guardian Date

VR (Office of Vocational Rehabilitation) Acknowledgment

In order to participate, students must agree to become clients of OVR (Office of Vocational Rehabilitation) by completing the OVR Application process. Please initial here to indicate your acknowledgment and agreement.

_____ _____
Student Initial Parent Initial

****Application does not guarantee participation in this program. ****

Southwestern Community College- Project Search
INFORMATION RELEASE FORM

I hereby authorize SCC and the following organizations as marked to release information to and receive information from:

☐ School District (if applicable)	☐ NC Division of Vocational Rehabilitation Services
☐ Smoky Mountain Center (SMC)	☐ Cherokee Tribal Vocational Rehabilitation Program
☐ Harris Regional Hospital (host business)	☐ Vocational Opportunities of Cherokee, Inc.
***** Please List any Others:***	

From the record of _____
Intern's Name Birthdate

_____
Address Zip School District

The following information will be exchanged to assist professional personnel in helping my child in his/her educational placement and program (select all that apply):

☐ Psychiatric / Psychological reports	☐ Vocational skills assessment
☐ Teacher observations / School records	☐ Social History / Family Information
☐ Progress Reports	☐ Attendance Data
☐ Medical Reports	☐ Report Cards
☐ Neurological Reports	☐ Admission / Discharge Reports
☐ IQ test scores, aptitude and achievement tests	☐ Behavior Reports
☐ Other:	☐ Other:

This release is valid for 12 months from the date of signature and may be revoked by notifying the SCC Supervisor in writing or witnessed verbally. **I have read this form carefully and understand what it means.**

_____
Signature of Student (age 18 and above) Date

_____
Signature of Parent or Guardian (Relationship) Date

Verbal release of information *if applicable* (*********requires signature from two witnesses*): This section is to be used for those unable to provide a signature. We have witnessed that the consumer understands the nature of this release and has freely given his/her consent.

_____
***Signature of Witness Date

_____
Signature of Witness Date

Smoky Mountain LME/MCO
Meeting community needs, one person at a time.

Cherokee Tribal Vocational Rehabilitation Program
"Assisting people with disabilities prepare for, enter in, or retain gainful employment"

VR VOCATIONAL REHABILITATION