



# Project | SEARCH

New Intern Application

Name \_\_\_\_\_

Please select a location for your first internship:

- ☐ Bryn Mawr Rehab Hospital | Malvern, PA
- ☐ Lankenau Medical Center | Wynnewood, PA
- ☐ I am interested in both locations



**Main Line Health®**  
Bryn Mawr Rehab Hospital

# Application for Internship



The purpose of this application packet is to outline the skill set of the Project SEARCH applicant. Once you have met the Project SEARCH application criteria, your application will be placed into the next batch of applicants for the next class.

From there, a staff member from Project SEARCH will contact you to schedule a date and time for you to come into Bryn Mawr Rehab Hospital or Lankenau Medical Center to meet some of the team members and complete a variety of activities. The goal of this meeting is to gain a more comprehensive understanding each applicant.

## NEXT STEPS:

1. Complete this application.
2. Submit the application to:  
**Project SEARCH**  
**Bryn Mawr Rehab Hospital**  
**414 Paoli Pike**  
**Malvern, PA 19355**
3. The Project SEARCH team will review the application and confirm you have met the application criteria.
4. If you have met the application criteria, a staff member from Project SEARCH will be in contact with you to schedule a date and time to come in for your assessment.



**Main Line Health®**  
Bryn Mawr Rehab Hospital

## APPLICATION CRITERIA:

- At least 18 years of age and have completed high school
- A desire to work competitively in the community
- Meet eligibility requirements for Pennsylvania Office of Vocational Rehabilitation (OVR), have an open OVR case and the OVR counselor must be in support of the application.
- Independent transportation and/or utilize public transportation when available for travel to and from the internship site as necessary
- Ability to maintain appropriate behavior and social skills in the workplace
- Take direction and feedback
- Communicate effectively

### ***Please note:***

Acceptance into the Project SEARCH program is contingent upon a satisfactory health screening to include substance abuse testing and flu vaccination, if required based upon the time of year. If the applicant fails the substance testing portion of the health screening, they must wait 12 months to reapply to Project SEARCH. Acceptance into Project SEARCH is also contingent upon background checks to include child abuse clearance and other clearances as required by Main Line Health.

### ***Update COVID-19:***

Similar to the flu vaccination, all Project SEARCH participants will be required to show **proof of vaccination and be fully immune to COVID-19** by the first day of their program. Religious and medical exemptions will be allowed, just as they are with the flu vaccination. This is a Main Line Health requirement for all staff, interns and volunteers.



# Application for Internship



## **\*PLEASE NOTE\***

**ALL THE REQUIRED DOCUMENTS MUST BE COMPLETED AND SUBMITTED TOGETHER FOR CONSIDERATION**

☐ Completed Application Packet

☐ Resume – if you have one. If not, please complete the job/volunteering section of this application

☐ Signed Consent for Use of Protected Health Information

☐ Completed Consent for a Background Check

Return completed packet to:

Project SEARCH  
Bryn Mawr Rehab Hospital  
414 Paoli Pike  
Malvern, PA 19335  
484-596-5406 (Phone)  
484-596-3940 (Fax)



**Main Line Health®**  
Bryn Mawr Rehab Hospital

# Application for Internship



## PLEASE COMPLETE AND RETURN TO BRYN MAWR REHAB HOSPITAL PROJECT SEARCH PROGRAM

### PERSONAL DATA

Name

Last

First

Middle

Preferred Name

Pronouns (she/her; him/he; they/them; etc.)

Address:

Street

City

Zip Code

County of Residence:

Date of Birth:

☐

Female

☐

Male

☐

Other

☐

Prefer not to say

Home Phone:

Cell Phone:

Email Address:

Diagnosis/Disability:

Onset of

Diagnosis/Disability:

How did you learn  
about Project  
SEARCH?

### FUTURE EMPLOYMENT PREFERENCES AND BACKGROUND:

How do you want to be employed in the community upon completion of Project SEARCH?

☐

Full time (36-40 hours per week)

☐

Part time (16-35 hours per week)

Which shift would you prefer working after completing Project SEARCH?

☐

1<sup>st</sup> Shift (7am – 3pm)

☐

2<sup>nd</sup> Shift (3pm- 11pm)

☐

3<sup>rd</sup> Shift (11pm- 7am)

Would you be willing to work holidays and/or weekends?

☐

Yes

☐

No



Main Line Health®

Bryn Mawr Rehab Hospital

# Application for Internship



What would you be interested in doing for an internship? This could be an internship job title, department, task, or any aspect of a job you can think of that you would like to learn.

---

---

Would you prefer a seated internship or moving around and why?

---

---

Would you prefer to interact with the public or be more behind the scenes and why?

---

---

**COMPUTER SKILL SET:** SELECT THE LEVEL OF COMPUTER APPLICATION KNOWLEDGE THAT APPLIES:

Program	Never Used	Beginner	Intermediate	Advanced
Word				
Excel				
PowerPoint				
Email				
Publisher				
Internet				
Other:				

**EMPLOYABILITY SKILLS:** SELECT THE LEVEL THAT APPLIES:

Skill	Never	Sometimes	Frequently
Is on time for scheduled events (punctuality)			
Is motivated			
Is easily distracted			
Tires easily			
Receptive to feedback			
Is aware of cultural, gender and generational differences.			
Is aware of professional boundaries			
Demonstrates initiation			
Asks for help when needed			
Is responsible			
Able to problem solve independently			
Uses strategies			



**Main Line Health®**  
Bryn Mawr Rehab Hospital

# Application for Internship



## BUSINESS MACHINE OPERATION: SELECT THE LEVEL OF MACHINE OPERATION THAT APPLIES:

Name	Never	Sometimes	Frequently
Laptop Computer			
Desktop Computer			
Scanning Machine			
Printer			
Copier			
Fax Machine			
Telephone (Transferring calls; putting people on hold; overhead paging; etc.)			
Cash Register			

## PERSONAL DEVICES: SELECT THE DEVICES YOU ARE COMFORTABLE USING AND LEVEL THAT APPLIES:

Name	Never	Sometimes	Frequently
Smartphone			
Watch			
Landline Telephone			
Camera (not on your phone)			
Apple Watch/Smart Watch			
FitBit			
iPad			
Assistive Device(s)? Please specify your device(s):			

## WEBSITES: SELECT THE SITES YOU ARE COMFORTABLE USING AND LEVEL THAT APPLIES:

Name	Never	Sometimes	Frequently
Snapchat			
Twitter			
Google			
LinkedIn			
Facebook			
Instagram			
Indeed			
Monster			
Other Job Search Websites:			



# Application for Internship



Project | SEARCH

## EDUCATION/TRAINING:

Name of High School: \_\_\_\_\_

Town: \_\_\_\_\_

Year you exited/graduated: \_\_\_\_\_

Trade school: \_\_\_\_\_

Year of completion: \_\_\_\_\_

Certification type: \_\_\_\_\_

Name of college, if applicable: \_\_\_\_\_

Degree or focus of study: \_\_\_\_\_

Year graduated: \_\_\_\_\_ If not graduated, last year attended: \_\_\_\_\_

Name of college, if applicable: \_\_\_\_\_

Degree or focus of study: \_\_\_\_\_

Year graduated: \_\_\_\_\_ If not graduated, last year attended: \_\_\_\_\_

Please list any other education, training, certifications, etc. you feel it would be beneficial for our team to know about for Project SEARCH.

---

---

---

---



**Main Line Health®**  
Bryn Mawr Rehab Hospital



# Application for Internship



## List jobs and/or volunteering you do or have done (starting with most recent):

If you have a resume included in your application – you **DO NOT** need to fill this section out.

*Please use a separate piece of paper if needed.*

1. Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Paid: ☐ Unpaid/Volunteer: ☐

Job Responsibilities:

---

---

---

Supervisor Name and Contact Number:

---

Reason for leaving:

---

2. Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Paid: ☐ Unpaid/Volunteer: ☐

Job Responsibilities:

---

---

---

Supervisor Name and Contact Number:

---

Reason for leaving:

---

3. Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Paid: ☐ Unpaid/Volunteer: ☐



**Main Line Health®**

Bryn Mawr Rehab Hospital

# Application for Internship



Project | SEARCH

Job Responsibilities:

---

---

---

Supervisor Name and Contact Number:

---

Reason for leaving:

---

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:

---

---

Have you even been charged with a felony? As part of the application process Project SEARCH will complete a background check on all applicants. If you do not fully disclose on this application, it may impact your acceptance into the program.

☐ Yes

☐ No

If yes, please explain:

---

---

Have you even been charged with a misdemeanor? As part of the application process Project SEARCH will complete a background check on all applicants. If you do not fully disclose on this application, it may impact your acceptance into the program.

☐ Yes

☐ No

If yes, please explain:

---

---



**Main Line Health®**

Bryn Mawr Rehab Hospital

# Application for Internship



Project | SEARCH

## SERVICE AGENCIES:

Do you have a Vocational Rehabilitation Counselor?

Yes ☐ Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

No ☐

If No, have you applied: Yes ☐ No ☐ Date Applied: \_\_\_\_\_

Are you eligible for services from the County?

Yes ☐ Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

No ☐

## INDEPENDENT LIVING:

Medications/ Dosage/ Time of day taken by intern

Medication	Dosage	Time of day

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

---

---

---

Please list any limitations that impact employment:

---

---

---

What is your primary means of transportation?

(Example: Independent driver, family/friends, Rover, Septa, etc.)

---

---



**Main Line Health®**

Bryn Mawr Rehab Hospital

# Application for Internship



Project | SEARCH

## BEHAVIORAL SUMMARY:

Do you have any behaviors that need to be supported in order to have a successful job placement?

☐ Yes    ☐ No

Please Explain:

---

---

---

---

---

---

---



**Main Line Health®**

Bryn Mawr Rehab Hospital

## INTERN RESPONSE QUESTION

Why do you want to be part of Project SEARCH? (Complete in your own words write your response below)

---

---

---

---

---

---

---

### List Three References:

	Name	Type of Reference	Phone Number	Email Address
1.		Family Reference		
2.		Professional Reference		
3.		Other Community or Agency Reference		

The person assisting the intern to complete this application is:

---

Name	Title	Phone Number	Date
------	-------	--------------	------

---

Organization	Phone Number	Email contact
--------------	--------------	---------------

---

Applicant/Intern Signature



## CONSENT FOR USE OF PROTECTED HEALTH INFORMATION

I give my consent to the **Main Line Health System** and all health care providers furnishing care within the Hospital's facilities to use and disclose my protected health information for my treatment, for payment and for hospital operations.

Our Notice of Privacy Practices provides more detailed information about how we may use and disclose information about you. You have the right to review our Notice before you sign this consent.

We can change the terms of our Notice. Our current Notice can be found on our web site: <http://www.mainlinehealth.org> or from any of our patient access areas.

You can request we restrict how we use and disclose your protected health information for the purpose of treatment, payment and healthcare operations. We will accommodate your request if we can, but we are not obligated to do so.

We may use your health information to send you additional information about services or programs related to your health care. If you object to receiving this type of information from us, initial here \_\_\_\_\_.

You may revoke your consent at any time. Your revocation must be in writing, signed by you or by your personal representative on your behalf. Your revocation will be effective when we receive it. Your revocation will not be effective to the extent that we or others acted in reliance on your original consent.

---

Signature of Applicant/Intern

---

Name of Applicant/Intern – Print

---

Date

## CONSENT FOR USE OF PROTECTED HEALTH INFORMATION

I give my consent to the **Pennsylvania Office of Vocational Rehab (OVR)** to use and disclose my protected health information for my treatment, for payment and for program operations.

Our Notice of Privacy Practices provides more detailed information about how we may use and disclose information about you. You have the right to review our Notice before you sign this consent.

We can change the terms of our Notice. Our current Notice can be found on our web site: <http://www.mainlinehealth.org> or from any of our patient access areas.

You can request we restrict how we use and disclose your protected health information for the purpose of treatment, payment and healthcare operations. We will accommodate your request if we can, but we are not obligated to do so.

You may revoke your consent at any time. Your revocation must be in writing, signed by you or by your personal representative on your behalf. Your revocation will be effective when we receive it. Your revocation will not be effective to the extent that we or others acted in reliance on your original consent.

---

Signature of Applicant/Intern

---

Name of Applicant/Intern – Print

---

Date



## BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM [FOR PROGRAM PURPOSES]

In connection with your employment or application for employment, please be advised that we may obtain a *consumer report* and/or an *investigative consumer report* including information as to your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. You have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site ([www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552. <http://www.ftc.gov>. For more information, including information about additional rights, go to

### Consent to Obtain Consumer Reports

**By signing below, I authorize the company to obtain one or more consumer reports regarding my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living. I hereby authorize all entities having information about me, including present and former employers, personal references, criminal justice agencies, departments of motor vehicles, schools, licensing agencies, and credit reporting agencies, to release such information to the company or any of its affiliates or carriers.] I acknowledge and agree that this Background Check Disclosure and Authorization Form shall remain valid and in effect during the term of my employment.**

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

Signature of Applicant/Intern: \_\_\_\_\_

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





## INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (to be used for no other purposes)

Please write legibly:

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Number and Street, Apt # if applicable)

\_\_\_\_\_  
City State Zip Code

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

---

---

---

---

---

---

---

---



## INTERN CONTRACT

**Read the Intern Contract below and sign and date.**

I, \_\_\_\_\_, understand that I have been accepted into the Project SEARCH program and must abide by the following terms and conditions:

- I will complete at least three unpaid job rotations within the host business.
- I will attend the program every day, Monday through Friday.
- I will dress appropriately and wear required attire.
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will make up any time missed due to excused absences.
- I understand that I am responsible for transportation to the host site.
- I will learn to use public transportation when available.
- I will follow all the rules established by the program and host business.
- I will attend monthly meetings with my rehabilitation counselor and business staff.
- I will be an active participant and communicate any issues at our monthly meetings.
- At completion of the program, I will actively pursue employment.

I have read the above terms and conditions and agree to accept my placement in the Project SEARCH program. I understand that I may be asked to leave Project SEARCH if I fail to follow the terms and conditions.

---

Intern Signature

---

Date

***\*The intern will be asked to sign this upon acceptance into the program.***

