



# MARC, Inc. of Manchester



## Project SEARCH Candidate Application 2026-2027

**Candidate Name**

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**Address**

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**Phone**

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**Email**

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**Choice Host Site Preference (Circle One)    Hartford Hospital    or    Goodwin University**

### Application Purpose & Guidelines

The purpose of this application packet is to outline the skill set of the Project SEARCH Intern Candidate. This application enables the Selection Committee\* to properly assess each Intern Candidate's interests, skills, abilities and background. The candidate, parent, counselor, teacher or employer may be contacted by the Selection Committee to gather additional information. **Our goal is to select candidates who will be successful in Project SEARCH and reach independence and the outcome of competitive employment.**

## **Selection Process Includes the Following:**

1. All candidates **must** attend one information session.  
The dates will be available on MARC, Inc. of Manchester website after January.
2. Submit the completed application by **Friday, May 15, 2026** to:

**MARC, Inc. of Manchester  
Project SEARCH  
151 Sheldon Road  
Manchester, CT 06042**

**For any questions please call or email Randi Hewitt  
(860) 646-5718 ext. 282 or rhewitt@marcct.org**

**\*\*COMPLETING THIS APPLICATION DOES NOT GUARANTEE ACCEPTANCE \*\***

3. The selection committee will review the submitted applications and send out the invitations for the **Skills Assessment Day held on June 17, 2026**. **It is mandatory selected applicants attend the Skills Assessment Day.**
4. If and when accepted into the program, notification will be sent by **July 8, 2026**
5. If accepted, the Intern Candidate must be able to pass a criminal background check and drug screening AND any volunteer onboarding paperwork needed by the host site including, but not limited to records of certain immunization shots (MMR, Varicella, TB Testing and Flu Shot) with documentation from a doctor. They must also complete a physical.

Intern Signature X \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

### **\*Project SEARCH Host Site Requirements for Hartford Hospital\***

#### **Health Screening**

All applicants must provide documentation of Tuberculosis skin test from the last 12 months, an MMR (measles, mumps, rubella) and varicella (chicken pox) vaccine or titer test. Documentation of a flu shot must be submitted by November.

#### **Uniform**

Volunteers will be provided with a shirt that they must wear while volunteering in accordance with the Dress Code policy.

## **Project SEARCH Application Packet Checklist**

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

**All required documents must be completed and sent together for application to be considered.**

**Should you need assistance compiling this information please contact your DDS case manager.**

- ☐ Most recent Individual Plan and Person-Centered Plan from DDS (including LON & LON SUMMARY) **\*\*Contact DDS for this\*\***
- ☐ Anyone potential intern that will be graduating this year (2026) will need a transitional/IEP packet from the high school
- ☐ Completed Project SEARCH Application Packet (Pages 1-10)
- ☐ Recent Photo
- ☐ Copy of Connecticut Driver's License or State ID Card or passport
- ☐ Copy of Social Security Card
- ☐ Copy of Court Guardianship for intern (if applicable)
- ☐ Copy of current resume or work/internship experience

Return Completed Packet to:

**Project SEARCH - MARC, Inc. of Manchester  
151 Sheldon Road  
Manchester, CT 06042**

**Contact: Randi Hewitt, Transition Services Coordinator  
(860) 646-5718 ext. 282  
rhewitt@marcct.org**

## Project SEARCH Application for Admission

**Applicant Personal Information (Please print)**

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

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

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**School/ Program Currently Attending:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Is English your primary language?** ☐ Yes ☐ No

This program is offered in English. If English is not the primary language, please indicate your primary language \_\_\_\_\_,

**Choose one (optional)** ☐ Male ☐ Female ☐ Prefer not to disclose

**Parent/Guardian Personal Information:**

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian Email:** \_\_\_\_\_

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

**Parent/Guardian Home Phone:** \_\_\_\_\_ **Parent/Guardian Cell Phone:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian email:** \_\_\_\_\_

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

**Parent/Guardian Home Phone:** \_\_\_\_\_ **Parent/Guardian Cell Phone:** \_\_\_\_\_

As a parent or guardian do you have any information you believe would be helpful in getting to know your son/daughter? Please be specific

[illegible]

### **Release for Intern Candidate Information**

1. Acceptance into Project SEARCH is dependent on Selection Committee review
2. Release: The candidate records (School, DDS, DORS) concerning my son/daughter may be transferred to MARC, Inc. of Manchester for review by the Project SEARCH staff and Selection Committee Team Members.
3. Equal Opportunity: Project SEARCH placement will be made without regard to race, color, age, sex, national origin, cultural or economic background, housing circumstances is entitled to equal opportunity for educational development.

A two-month trial period will be required of all candidates who are accepted into Project SEARCH. The parent and candidate agree to comply with this procedure.

Intern Signature X\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature X\_\_\_\_\_ Date \_\_\_\_\_

## **Future Employment Preferences and Background**

What is type of career interests you and why?

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

☐ Full-time

☐ Part-time (at least 16 hours)

List jobs you do or have done in the school or in the community (paid or volunteer):

Employer #1: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ ☐ Paid ☐ Unpaid

Job Duties:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Employer #2: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ ☐ Paid ☐ Unpaid

Job Duties:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Employer #3: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ ☐ Paid ☐ Unpaid

Job Duties:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## **Future Employment Preferences and Background**

**Check areas below in where you would need assistance or that apply to you:**

*Parent or school staff may assist you in completing this section.*

- |   |  |
|---|--|
| <input type="checkbox"/> Mobility                                 | <input type="checkbox"/> Reading/Letter Recognition        |
| <input type="checkbox"/> Following Task List                      | <input type="checkbox"/> Speech/language                   |
| <input type="checkbox"/> Work Stamina (standing, stairs, lifting) | <input type="checkbox"/> Handling money                    |
| <input type="checkbox"/> Hygiene and Grooming                     | <input type="checkbox"/> Communicating/Working with others |
| <input type="checkbox"/> Attendance                               | <input type="checkbox"/> Decision making                   |
| <input type="checkbox"/> Self-care                                | <input type="checkbox"/> Adjusting to New Situations       |
| <input type="checkbox"/> Taking medication                        | <input type="checkbox"/> Counting/Number recognition       |
| <input type="checkbox"/> Self-direction                           | <input type="checkbox"/> Harming Self or Others            |
| <input type="checkbox"/> Personal Needs on the Job                | <input type="checkbox"/> Taking Objects that are not yours |
| <input type="checkbox"/> Other (Please note): _____               | <input type="checkbox"/> Concentrating for Extended Time   |

Have you ever been fired from, let go from, or asked to resign a job? Yes ☐ No ☐

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

\_\_\_\_\_

Have you ever quit a job? Yes ☐ No ☐

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

### **Transportation**

How do you plan to get to Project SEARCH? **Please note: it will be the intern's responsibility to get to and from the host site on-time each day.**

- ☐ ADA (white & blue transit van)    ☐ Public Transportation    ☐ Family  
☐ Other\_\_\_\_\_ (please be specific)

Do you currently use ADA or Public Transportation independently? ☐ Yes ☐ No

### **Service Agencies**

Do you have a Vocational Rehabilitation Counselor from the Department of Rehabilitation Services (DORS)?

- ☐ Yes    ☐ No

Name\_\_\_\_\_ Phone\_\_\_\_\_ Town\_\_\_\_\_

Do you have a Transition Advisor or Case Manager from the Department of Developmental Services (DDS)?

- ☐ Yes    ☐ No

Name\_\_\_\_\_ Phone\_\_\_\_\_ Town\_\_\_\_\_

DDS # \_\_\_\_\_

### **Independent Living**

Would you need to take any medications during the Project SEARCH day?

- ☐ Yes    ☐ No

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

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Please list any other challenges or limitations that impact a successful job placement:



Please list accommodations needed on-site:

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### **References**

List three references.

#### **Personal Reference**

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### **School Reference**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

#### **Other Reference**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### **Assistance**

The person assisting the student to complete this application is:

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

### **Candidate Response Question**

Why do you want to participate in Project SEARCH? (Complete in your own words and/or person assisting will write the responses in the student's own words)

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## **Project SEARCH Intern Contract**

**Read the student contract below and sign and date.**

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

- I will complete at least three unpaid job internships at host site.
- I will attend the program every day from **8:30 am- 2:30 pm** (subject to change), Monday through Friday.
- I will dress appropriately and wear required attire (properly maintained hygiene).
- I will call my instructor and departmental supervisors when I am absent or tardy.
- I will make up any assignments missed due to excused absences.
- I will follow all the rules established by the program at my host site and take direction if needed.
- I will attend regularly scheduled meetings with my counselors, parents, teachers, and business staff.
- I will be an active participant and communicate any issues.
- I will actively pursue employment.
- I understand that while completing my internship at the host site, it is expected that I will complete a background check and immunizations required by the host site.
- It is understood that I will complete HIPPA and security training and abide by HIPPA regulations (there will be training and post testing that will be completed upon acceptance in the program)
- I understand I will need to go to the Project SEARCH Skills Assessment Day.

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 X\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature X\_\_\_\_\_ Date \_\_\_\_\_