



Project | SEARCH®

2024-2025 Application

Applicant Name: _____

Referred By: _____

Please complete & return



Please fill out this application on your own to the best of your ability. If you do not know any information, leave it blank. If assistance is needed please list the name of the person and relationship of the person providing assistance. Completed applications can be emailed to dmoody@sbschools.net. Applications will be reviewed as they are received and applicants will be contacted to set up an interview.

Please return to:

Deb Baker-Moody (she/her)

Project SEARCH Coordinator/Instructor

Questions:

Please call Deb Baker-Moody at 802-777-9904 or email

dmoody@sbschools.net

Preferred Interview Times:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning: 10-12pm					
Afternoon: 1-2 or 3pm					

For Office Use Only:

Date Received: _____

Received by: _____

[Project SEARCH at UVMMC Information and Application](#)



Application for Admission

If given assistance filling out the application:

Name of the person

Relationship

Adult Service Provider (if applicable):

Howard Center CCS Transition II HireAbility NCSS CSAC

Other

Contact's name: _____ Phone #: _____

Section A: Personal Data

Name:

Address: _____ DOB: _____

_____ Home Phone: _____

_____ Cell Phone: _____

Email: _____

Preferred Method of Contact: (circle one)

Home phone Cell Phone Email No Preference

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Are you your own guardian? Yes No

If no, name of guardian: _____

Guardian phone #: _____

Emergency Contact:

Name: _____

Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

SECTION B: Education

High School:

Name: _____ Date of Graduation: _____

Location: _____ Area of Study: _____

College:

Name: _____ Date of Graduation: _____
(if applicable)

Location: _____ Area of Study: _____



Technical/Trade School:

Name: _____ Date of Graduation: _____
(if applicable)

Location: _____ Area of Study: _____

Section C: Work History

Please attach a resume if you have one.

Section D: Intern Response Question

Why do you want to come to Project SEARCH at UVMMC?
(complete in your own words)



I understand that information will be shared among the collaborating partners of Project SEARCH at UVM Medical Center (University of Vermont Medical Center, Howard Center, HireAbility, and Project SEARCH steering committee) in order to best serve my success in the program.

Signature: _____ Date: _____

Guardian Signature (if needed): _____

I completed this form:

(check the one that fits best)

- Totally on my own
- With a little help answering a few questions
- With a little help to read and write
- With most of it read to me and help with writing and spelling
- With someone reading most of it and scribing for me to copy
- With lots of help (I am not so good with forms)

Signature of Applicant:

_____ Date: _____



Thank you for your interest in Project SEARCH. We look forward to meeting you.

Deb Baker-Moody (she/her)
Project SEARCH Coordinator/Instructor
dmoody@sbschools.net
802-777-9904