Project SEARCH Sarnia-Lambton

2026/ 2027 School Year Intern Application

Applicant Information:

Name: _____
Last **First** **Middle**

Address:_____
**Street** **City** **Postal Code**

Date of Birth:_____ **Phone Number:** _____

Email: _____

School: _____

Disability: _____

Student Eligibility Criteria:

- ☐ Between the ages of 18 -21 (turn 18 by the end of December 2026)
- ☐ Enrolled in a Sarnia-Lambton secondary school
- ☐ Have an intellectual or other disability
- ☐ Planning to work at a part-time or full-time job in the community at a competitive rate
- ☐ Have independent personal care and hygiene skills
- ☐ Willing to take direction from supervisors and change behaviour as needed
- ☐ Ability to maintain appropriate conduct and social skills in the workplace
- ☐ Able to attend full-time (regular school hours/year)
- ☐ Willing to participate in public transit training
- ☐ Communicate effectively (with accommodations, where required)
- ☐ Have a supportive home team
- ☐ Willing to obtain a recent and clear vulnerable sector reference check and/or complete a Criminal Record Check, and vaccinations as required by the host business (YMCA)

YMCA of Southwestern Ontario

St. Clair Catholic District School Board

Student Response Question:

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

_____

_____

_____

_____

Future Employment Preferences and Background:

What is your career(s) of interest?_____

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

☐ Full-time ☐ Part-time

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

Employer #1_____ Contact Number#_____

Supervisor's Name:_____ ☐ Paid ☐ Volunteer

Job Duties:

1. _____
2. _____
3. _____
4. _____

Employer #2_____ Contact Number#_____

Supervisor's Name:_____ ☐ Paid ☐ Volunteer

Job Duties:

1. _____
2. _____
3. _____

Secondary School Information:

Staff Contact:

Name: _____ School: _____

Position: _____ Phone: _____

Email: _____

School Reference (Mandatory)

Name: _____ Role: _____

Phone Number: _____ Email Address: _____

School Referral Question *(to be completed by school reference):*
Please share why this applicant is a good candidate for the Project Search Program.

_____

_____

_____

_____

_____

Individual Education Plan (IEP) & Accommodations:

Please attach the applicant's most recent IEP to this application. Please check off any areas below that pertain to the applicant's need for accommodations at school/work. This information will help to ensure that appropriate accommodations are in place during a program tour and the Skills Assessment and Interview Day.

☐ Mobility	☐ Reading	☐ Numeracy
☐ Attending to tasks	☐ Hyperactivity	☐ Speech/Language
☐ Communicating	☐ Working with others	☐ Attendance
☐ Decision Making	☐ ELL/ ESL	☐ Adjusting to new situations
☐ Work Stamina	☐ Noise Sensitivity	☐ Self-Direction

☐ Other: _____

Personal Reference:

Name: _____ Relationship to Student: _____

Phone Number: _____ Email Address: _____

Parent/ Guardian Information:

Name: _____

Address:_____

Home Phone: _____ Work/Cell Phone: _____

Relationship : _____ Email: _____

Name: _____

Address:_____

Home Phone: _____ Work/Cell Phone: _____

Relationship : _____ Email: _____

Selection Process:

Project SEARCH Sarnia's Steering Committee will review all completed applications to determine the eligibility of applicants. Other variables such as the business environment and internship opportunities will also be considered. Parents/ guardians, school staff or employers may be contacted to gather more information. Please note that the submission of an application does not guarantee admission into the program. For more information, please contact:

Hollie Sparling, Program Resource Consultant, SCCDSB, hollie.sparling@sccdsb.net

or Kelly Goetz, Instructor, SCCDSB, kelly.goetz@sccdsb.net

Understanding and Agreement of Onboarding Requirements:

For candidates to be considered, an understanding and agreement of onboarding requirements must be completed. Upon acceptance into Project SEARCH Interns **MUST** complete the following mandatory onboarding requirements.

- Vulnerable Sector Reference Check and/or Criminal Reference Check Declaration
- Business Site-Specific Onboarding Modules. Completed with the Project SEARCH staff starting September 2, 2026.

Intern Signature: _____ Date:_____

Parent/Guardian Signature: _____ Date: _____

Interns will be asked to sign this upon acceptance into the Project Search Program

Disclosure of Education Records to Project SEARCH partners
Release of Information

Student Name:

Surname	First Name	M	Date of Birth

Address:

# / Street	City	Postal Code

Primary Contact Information:

Name	Email	Phone

Name of School:

School Name	School Board

School Address:

# / Street	City	Postal Code

Information to Use or Disclose

- ☐ Demographic Information
- ☐ Attendance Records
- ☐ Educational Assessments
- ☐ Safety Plans
- ☐ Individual Education Plan
- ☐ Psychological Assessments
- ☐ Medical Plans
- ☐ Other: _____

Signature of Student Applicant: _____ Date: _____

Signature of Parent/ Guardian: _____ Date: _____

If received assistance to complete application, name of scribe: _____

Project SEARCH Intern Contract

Read the student contract below and sign and date.

I understand that if I participate in Project SEARCH, I must abide by the following terms and conditions:

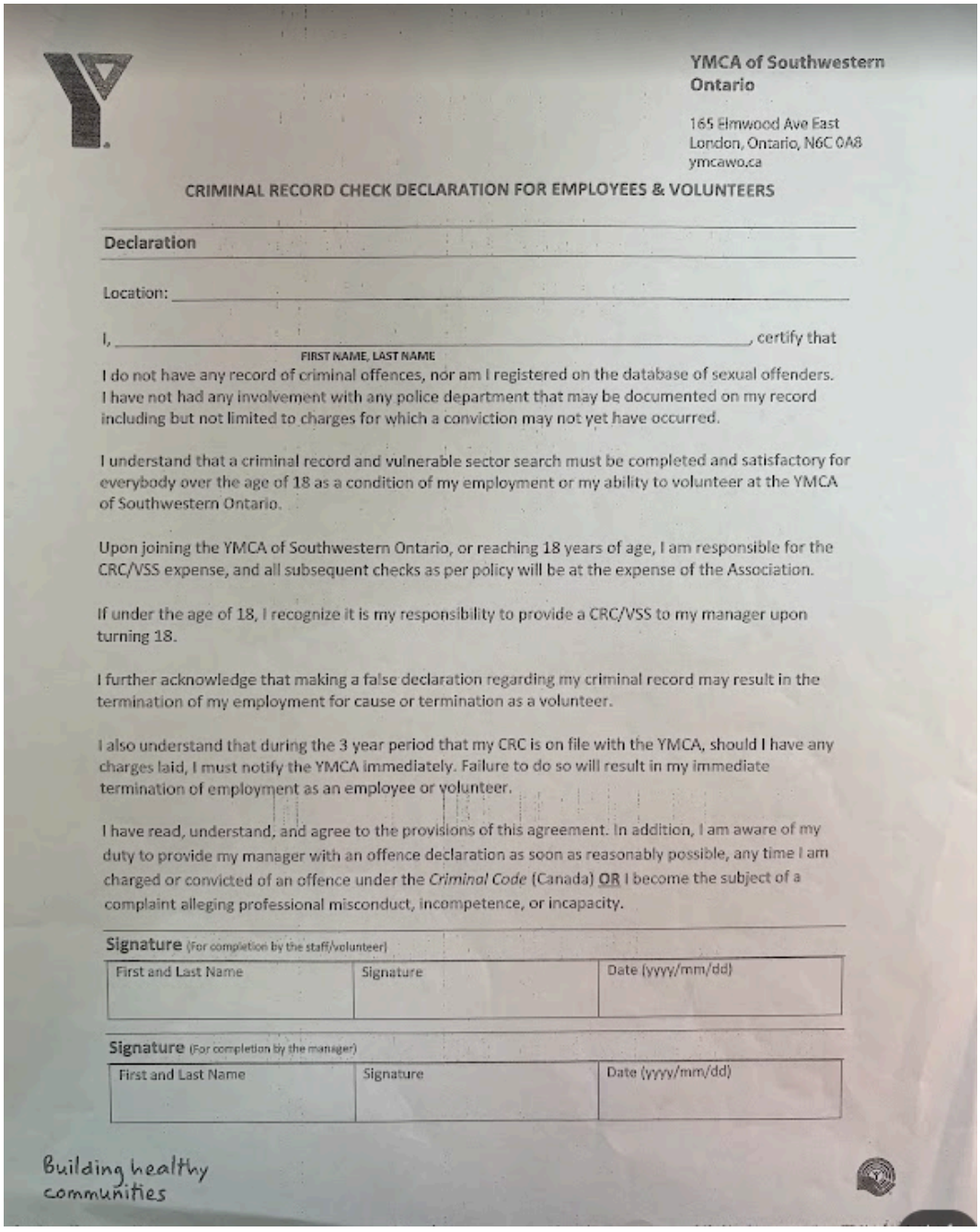
- I will complete three unpaid job internships at the designated business site.
- I will attend the program every day from 8:30 am- 2:30 pm (subject to change), Monday through Friday.
- I will dress appropriately and wear the required uniform.
- I will wear the Project SEARCH uniform required for my internship.
- I will call my teacher and departmental supervisors when I am absent or late.
- I will make up any assignments missed due to excused absences.
- I will follow all the rules, policies and procedures established by the program at the business site.
- I will attend regularly scheduled meetings with my Teacher, parent/guardian(s) and business site staff.
- I will be an active participant and communicate any issues regularly with staff.
- I will actively pursue employment. I have read the above terms and conditions.

I understand that I may be asked to return to my home school if I am unable to follow these terms and conditions.

Intern Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Insert YMCA's Criminal Reference Check Declaration for Employees and Volunteers



YMCA of Southwestern Ontario

165 Elmwood Ave East
London, Ontario, N6C 0A8
ymcawo.ca

CRIMINAL RECORD CHECK DECLARATION FOR EMPLOYEES & VOLUNTEERS

Declaration

Location: _____

I, _____, certify that
FIRST NAME, LAST NAME

I do not have any record of criminal offences, nor am I registered on the database of sexual offenders. I have not had any involvement with any police department that may be documented on my record including but not limited to charges for which a conviction may not yet have occurred.

I understand that a criminal record and vulnerable sector search must be completed and satisfactory for everybody over the age of 18 as a condition of my employment or my ability to volunteer at the YMCA of Southwestern Ontario.

Upon joining the YMCA of Southwestern Ontario, or reaching 18 years of age, I am responsible for the CRC/VSS expense, and all subsequent checks as per policy will be at the expense of the Association.

If under the age of 18, I recognize it is my responsibility to provide a CRC/VSS to my manager upon turning 18.

I further acknowledge that making a false declaration regarding my criminal record may result in the termination of my employment for cause or termination as a volunteer.

I also understand that during the 3 year period that my CRC is on file with the YMCA, should I have any charges laid, I must notify the YMCA immediately. Failure to do so will result in my immediate termination of employment as an employee or volunteer.

I have read, understand, and agree to the provisions of this agreement. In addition, I am aware of my duty to provide my manager with an offence declaration as soon as reasonably possible, any time I am charged or convicted of an offence under the *Criminal Code* (Canada) OR I become the subject of a complaint alleging professional misconduct, incompetence, or incapacity.

Signature (For completion by the staff/volunteer)

First and Last Name	Signature	Date (yyyy/mm/dd)

Signature (For completion by the manager)

First and Last Name	Signature	Date (yyyy/mm/dd)

Building healthy communities