Unpaid Internship Application – Return to: PO Box 272, Maryville MO, 64468

Acceptance Criteria: You must be a person with intellectual or developmental disabilities in the age range of 18 – 35 years of age, live in Nodaway, Atchison, Holt, Andrew, Gentry or Worth County Missouri and have graduated high school. If you are outside the age range, you may still be eligible with board approval. Do you meet these criteria?: **YES** **NO**

Intern Name: _____

Address: _____ City: _____ State: ____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Interviewed by: _____ Date: _____

Guardian: _____ Name: _____

Payee: _____ Name: _____

References: Please list 3 references from your school, training or employment experiences. An example might be someone from your school, church, work, or volunteer experiences that can tell us about you/your child.

1. Name: _____ Address: _____
   Phone Number: _____ Connection to applicant: _____
2. Name: _____ Address: _____
   Phone Number: _____ Connection to applicant: _____
3. Name: _____ Address: _____
   Phone Number: _____ Connection to applicant: _____

Referral Source:

Agency: _____ Counselor: _____

Supports:

Name	Address	Phone

DMH Info:

Have you applied for services through the Department of Mental Health (DMH) or Vocational Rehabilitation? **YES** **NO**

Eligible for services? **YES** **NO**

Waiver slot assigned? **YES** **NO** Date: _____

Medicaid Number: _____

Service Coordinator's Name/E-mail: _____

Referring Agency: _____

Education:

High School: _____

Highest grade completed: _____ Did you graduate: _____ Year: _____ IEP: _____

GED: _____

If no diploma or GED, plan to finish: _____

Resources Recommended: _____

Do you currently attend college: _____ Name of college: _____

Did you graduate?: _____ If no, plan to return?: _____

Do you currently attend Votech or tech school?: _____ Certificate Earned: _____

Other: _____

Military:

Military Service: _____ Branch: _____ VA Benefits: _____

Active Duty/Reserves?: _____ Military disconnect: _____

Strengths – Circle all that apply:

Cleanliness	Timeliness	Education	Transportation	Learning
Endurance	Motivation	Work History	Physical Limitation	Attitude

Barriers – Circle all that apply:

Cleanliness	Timeliness	Education	Transportation	Learning
Endurance	Motivation	Work History	Physical Limitation	Attitude

Legal Information:

Have you ever been charged with a felony: _____

Have you ever been charged with a misdemeanor: _____

Are you on probation: _____ Current Pending legal action: _____

Have you ever been charged for a sexual offense? _____

Drug Information:

Drug abuse: _____ Alcohol abuse: _____

Medication effect: _____

Could you pass a drug test?: _____

Benefits Received:

SSI: _____ SSDI: _____ Medicaid: _____ Medicare: _____ TANF: _____

SNAP: _____ Food Stamps: _____

Considerations – external barriers – circle all that apply:

Religious Child care Ethnic School Driving Social Living Arrangements

Intern Background Information:

Please describe any health concerns or restrictions related to the intern's ability to participate in the Lettuce Dream Greenhouse:

_____

_____

_____

_____

_____

Does the intern have any behavioral issues? (Ex: aggression, tantrums, wandering etc.) **YES** **NO**

Please explain:

_____

_____

_____

_____

What known triggers are there for the behavioral issues listed above?

_____

_____

_____

_____

_____

Behavior Management:

Shy:	**YES**	**NO**
Sometimes destructive:	**YES**	**NO**
Works alone:	**YES**	**NO**
Threatens others:	**YES**	**NO**
Adapts to new situations:	**YES**	**NO**
Hits/hurts self or others:	**YES**	**NO**
Attempts to run away:	**YES**	**NO**
Responds well to correction:	**YES**	**NO**
Hyperactive:	**YES**	**NO**
Outgoing:	**YES**	**NO**
Works in groups:	**YES**	**NO**

Work History:

Company: _____

From: _____ To: _____ Job Title: _____

Supervisor: _____ Duties: _____

_____

Reason for leaving: _____

Company: _____

From: _____ To: _____ Job Title: _____

Supervisor: _____ Duties: _____

_____

Reason for leaving: _____

Company: _____

From: _____ To: _____ Job Title: _____

Supervisor: _____ Duties: _____

_____

Reason for leaving: _____

Volunteer/Other Activities:

_____

_____

Areas of Interest:

_____

_____

Scheduling – please circle answers

Full-time Part-time

Days Nights Weekends

Outdoor Indoor

Alone With people

Lifting restrictions: 0 – 10 10 – 20 20 – 50 50 +

Alternate sit/stand: _____

Noise level: _____

Other considerations: _____

I hereby do certify that I participated in the completion of my intake process. By signing below, I agree that information contained within this document is accurate to the best of my knowledge. I also acknowledge that should any of my personal information change, I notify Class as soon as possible.

Client: _____ Date: _____

Witness: _____ Date: _____

Signature of person completing form: _____

Relationship to Intern: _____ Date: _____

Lettuce Dream's Release form for Interns:

I represent and warrant to the best of my knowledge and belief that I am/my child is physically and mentally able to participate in the Lettuce Dream program. I understand that interns will follow all of the rules of the Lettuce Dream program and will stay within the defined premises of these programs. I understand that the relationship between Lettuce Dream and the intern is an "at will" arrangement that may be terminated at any time without cause by either the intern or Lettuce Dream. If a medical emergency should arise during my/my child's participation in the Lettuce Dream program at a time when I am not personally able/present to be consulted regarding my/my child's care , I authorize Lettuce Dream to take whatever measures necessary to protect my/my child's health and well-being, including, if necessary, hospitalization. Lettuce Dream has my permission (both during and any time after) to use my/my child's likeness, name, voice or words in either television, radio, film, newspapers, magazines and other media in any form for the purposes of advertising or communicating the purposes and activities of Lettuce Dream and/or applying for funds to support these activities. I waive and release all claims against Lettuce Dream, its board of directors, employees, volunteers or program participants for all injuries and/or losses sustained by myself, my heirs and assigns while participating in the Lettuce Dream program. I, the undersigned, have read and fully understand the provisions of the above release, and if I am an intern, someone has explained these provisions to me. By signing this release form, I agree to the above provisions. If I am the parent/guardian of the intern named on this form, I am agreeing to then above provisions on my own behalf and on the behalf of the intern named on this application. If I am a witness to an adult intern, I certify that I have reviewed this release with the intern and am satisfied that the intern understands the release and has agreed to its terms.

Intern signature: _____ Date: _____

Guardian signature: _____ Date: _____

Witness signature: _____ Date: _____

Declaration of Consent: Please indicate your consent to each item by signing below each statement.

1. **Emergency Medical Treatment Consent**: I,_____ , or parent/guardian of _____ , give permission to the medical personnel selected by Lettuce Dream to order hospitalization, treatment, anesthesia, and surgery if necessary in case of an emergency when parents cannot be reached. I have supplied Lettuce Dream with my/my child's medications and dosages. In the event of any changes, I will supply an updated list. I understand this will be provided to medical professionals in the event of emergency.

   Signature: _____ Date: _____

2. **Photograph Release Consent:** I, _____, or parent/guardian of _____, give Lettuce Dream permission to use my/my child's name, picture, and/or video in presentations, for training purposes, media releases, newsletters and marketing materials solely for the purpose of promoting Lettuce Dream and its program.

   Signature: _____ Date: _____

3. **Waiver of Liability Consent**: I,_____ , or guardian of _____ _____ , agree to release Lettuce Dream and all staff and volunteers from all liability for any additional illness or injury to me/my child and for any accidental damage or destruction of my/my child's property during the participation in the Lettuce Dream program.

   Signature: _____ Date: _____

4. **Greenhouse Consent:** I,_____ or parent/guarding of _____ _____ , understand that Lettuce Dream is a training program. Interns will not be paid during their time in training at Lettuce Dream greenhouses. If a paying position should become available after all training has been completed, a new application process will take place.

   Signature: _____ Date: _____

Lettuce Dream's Unpaid Internship Agreement:

This program focuses on exposing individuals with developmental disabilities to an integrated work environment that prepares them for work in community based, competitive employment. In this environment, interns learn while working side by side with volunteers from the community as they progress through training modules to gain skills that will make them good candidates for competitive employment.

Your signature indicated that you understand the Unpaid Internship Agreement and agree to its terms as follows:

1. This is an unpaid internship position. You are voluntarily entering into the program with the understanding that you will not receive compensation.
2. Completion of the Unpaid Internship Program does not entitle you to a future job with Lettuce Dream, or guarantee placement in a job in the community.
3. This unpaid internship is a learning environment, which exists inside of a function edible produce production facility.
4. You understand that you are entering into a commitment to be here when scheduled, or to provide adequate notice if you are ill or unable to attend. Furthermore, you agree to conduct yourself in a respectful manner, appropriate to any other work environment. Failure to do so will result in termination of your internship.
5. Lettuce Dream is an inclusive environment with members of all abilities and backgrounds, which is an asset to our organization. All members contribute to the formation and realization of Lettuce Dream's goals and should be treated with respect and dignity.

Printed name: _____

Signature: _____ Date: _____

Guardian's printed name: _____

Guardian's signature: _____ Date: _____

General Releases:

I_____ completed orientation on _____. I hereby agree to the following releases as they are explained to me by the Class worker who completed by orientation/intake. If I do not agree to any of the following releases I am not required to do so, with the understanding that I will not receive the services covered by the release.

1. I do ___ I do not ___ agree that should I get sick or hurt while with a Class worker or at a Class function that I agree to let Class seek medical attention for me knowing full well I will be responsible for any bill from this service.
2. I do ___ I do not ___ agree to allow Class to receive phone calls on my behalf. I then agree for Class to accept any messages and then forward them to me.
3. I do ___ I do not ___ agree that should I ever need transportation as a part of my job search for interviews, turning in applications, to perform job searches, or anything related, I agree to have Class provide this transportation to me.

Person served: _____ Date: _____

Class Representative: _____ Date: _____

Media Releases:

Adult Model Release:

I hereby consent that any narratives, depictions, pictures, film, photographs, audio-visual or sound recordings or testimonials of me made by Lettuce Dream or its respective employees and agents may be used by Lettuce Dream, and those acting with its permission, for the purpose of illustration, broadcast, or testimonial in connection with any work of Lettuce Dream and that these materials may be released to the general public. I assign to Lettuce Dream all of my rights to these materials.

I understand that these materials made by Lettuce Dream, its employees and agents are owned by Lettuce Dream and that they may copyright them. I will allow Lettuce Dream, their respective employees and agents and those with Lettuce Dream's permission to use my protected heath information as defined under 45 C.F.R. 164.501, for the purpose of illustration, broadcast or testimonial in connection with the work of Lettuce Dream and to release this information to the general public. I understand that these materials may be published on Lettuce Dream's network of websites and this may disclose my personal and protected health information.

Lettuce Dream does not need to submit these materials to me for further approval. I understand that these materials may be modified and that Lettuce Dream may decide not to use them.

I acknowledge that the rights described above are granted to Lettuce Dream on an unlimited basis without any compensation or payment being made for any current or future use. I understand that this authorization is voluntary and that Lettuce Dream will not condition any treatment or funding to me on the completion of this authorization. I also understand that I may revoke my consent to allow Lettuce Dream to release my protected health information if the information has not already been disclosed. To revoke my consent I must notify Lettuce Dream in writing by sending my revocation to 1623 E. Second Street PO Box 272 Maryville, MO 64468. I understand an agree that one Lettuce Dream, its respective employees and agents, and those acting with its permission, disclose my protected health information as contemplated by this release, this information is subject to re-disclosure and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

This release and authorization expire 1 year from the date of my signature below.

I certify that I am over the age of 18 years old.

Print name: _____ Signature: _____

Signature of guardian: _____ Witness of Lettuce Dream: _____

Date: _____ Date: _____

Individual's address: _____ City, State, Zip: _____

_____ I do not give my permission for Lettuce Dream to take and use photos and pertinent information for publicity about Lettuce Dream and its programs.

Photographic & Information Release for General Use for Individuals Served:

The purpose of this form is to obtain permission for Lettuce Dream to take and use photos ad pertinent information for publicity about Lettuce Dream and its programs. This permission may apply to still pictures, video and information as it relates to Lettuce Dream services. Images and story information may be used for newspaper, magazine, television and/or billboards.

_____ **I give my permission for Lettuce Dream to take and use photos and pertinent information for publicity about Lettuce Dream**.

Date:_____

_____ **I do not give my permission for Lettuce Dream to take and use photos and pertinent information for publicity about Lettuce Dream and its programs.**

Date:_____

Individual Served

Print name: _____

Signature: _____

Guardian (if self, print 'self')

Print name: _____

Signature: _____

Witness

Print name: _____

Signature: _____

Medical Information:

Name:_____

Address: _____

City: _____ State:_____ Zip: _____ Phone: _____

Primary care physician:_____

Address: _____

City:_____ State: _____ Zip: _____ Phone: _____

Hospital preference:_____

Emergency contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Medical history:

Heart problems: YES/NO	Dizziness: YES/NO	Migraines: YES/NO
Asthema: YES/ NO	Fainting spells: YES/NO	Emphysema: YES/NO

Allergies:_____

Food:_____

Insect bite/stings:_____

Medication:_____

Pollen: _____

Other:_____

Current Medications:

_____

_____

_____

_____

Seizures:_____

Other:_____

Health Insurance Co.: _____

ID# _____ Group#_____Hospital preference:_____

*If you have a medical plan of care for emergencies, please attach a copy for us. The same plan that you had for school or other medical needs is acceptable. *

Communication needs:

Can communicate with others – check all that apply.

_____Words	_____Babbles	_____iPad
_____Phrases	_____Gestures	_____No devices needed
_____Sentences	_____Sign language	_____Other

Can understand what others say – please check one:

_____All the time
_____Most of the time
_____Some of the time
_____Only familiar voices

Able to read: **YES** **NO**

Able to read a clock: **YES** **NO**

Dietary needs/Eating Habits:

Meals are not provided. Information for emergency purposes only.
Special diet:
Foods to avoid/Allergies to foods or medications:

Toileting/Hygiene needs:

Any toileting or hygiene problems? **YES** **NO**

Please make a list of things the intern likes to do. We use this to help volunteers experience success when communicating with program participants.

_____

_____

_____

_____

Greenhouse Essentials:

Please initial on the line if the intern can complete these essentials:

_____ Able to work mornings.

_____ Has reliable transportation to and from greenhouse.

_____ Will drink water as needed due to the greenhouse's warm/hot conditions.

_____ Can tolerate heat/cold.