

# Transitional Internship Program (TIP) Application

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

**Section to be completed by MRC counselor only \* TIP application is incomplete without MRC counselor signature\***

I, \_\_\_\_\_, the applicant's VR counselor, am officially referring this consumer for TIP services from Independence Associates. I also understand that this is a competitive process and referral does not guarantee acceptance. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Special Instruction** (if any): \_\_\_\_\_

## School Information

Are you currently in high school? Yes No Are you currently in college/post-secondary education? Yes No

Please Explain your current educational circumstances: \_\_\_\_\_  
\_\_\_\_\_

## Contact Information

Email Address 1 (please write neatly): \_\_\_\_\_ Email 2: \_\_\_\_\_

Does the applicant have their own cell phone? Yes No If yes, please write # \_\_\_\_\_

## Work Preference

Please rank each of these options with a number between 0-5, with 5 representing be very interested and 0 representing no interest. Please use the two questions below to communicate what you are looking for ideally.

- |                                  |                                 |                                 |
|----------------------------------|---------------------------------|---------------------------------|
| _____ working with children      | _____ working with animals      | _____ working with customers    |
| _____ working with food          | _____ using a cash register     | _____ helping the disadvantaged |
| _____ working outdoors           | _____ working alone             | _____ working with many people  |
| _____ working in the town I live | _____ working at a retail store | _____ working in an office      |
| _____ working in art/music       | _____ working at a restaurant   | _____ working anywhere close by |

What are your main interests? \_\_\_\_\_

What is your dream career/internship? \_\_\_\_\_

If you could do an internship anywhere, where would it be? Please be as specific as possible and include the company, location, specific job, etc. whenever possible. Also include any contacts with employers that you may already have established that you would be interested in working with through this program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Additional Youth Rights and Responsibilities for TIP

These rights and responsibilities are in addition to IA's standard rights and responsibilities for TIP participants. To demonstrate an understanding of and agreement with the rights and responsibilities below, please initial each one.

**By signing and submitting this application, I fully understand that...**

\_\_\_\_\_ ... if chosen to participate in the TIP program, I am making a commitment to Independence Associates and myself to work at my assigned internship site for a minimum of 6 hours per week for 12 weeks in the school year session and 12 hours per week for 7 weeks in the summer.

\_\_\_\_\_ ... I am required to attend and participate in six work-readiness trainings (location and time to be announced).

\_\_\_\_\_ ... I am expected to show up to worksites and trainings on-time and appropriately dressed. I am expected to behave responsibly and in a way that reflects well on myself, my family, and Independence Associates.

\_\_\_\_\_ ... I am communicating to IA that I am prepared to work an internship and that I am responsible for ensuring good communication with my skills trainer, work site, VR counselor, etc.

\_\_\_\_\_ ... TIP is a competitive program and if I am not selected for this session I can still receive services from Independence Associates and will be able to apply for the next internship session as long as I remain eligible.

\_\_\_\_\_ ... if I am dissatisfied with any aspect of my TIP experience that I always have the option to contact youth department coordinator Ryan MacLeod directly at [rmacleod@iacil.org](mailto:rmacleod@iacil.org) or 508-583-2166 x106. I also understand that I am expected to voice my concerns as soon as possible so that changes can be made to provide you with a positive experience as soon as possible.

**Is there anything else you would like IA to know about you, your internship preference, or anything else?**

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**Is the TIP applicant, as of today's date, 18 years of age or older and his/her own guardian?**                      Yes      No

If yes, the signature of the TIP applicant is sufficient. If not, please also have a parent/guardian sign as well. By signing this form, I am agreeing to everything that I wish to work and am ready for an internship. I promise to do my best to be punctual, professional, and courteous, will check my email regularly, and will ensure excellent communication with my skills trainer.

\_\_\_\_\_  
**Youth Name**

\_\_\_\_\_  
**Youth Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian Name (if necessary)**

\_\_\_\_\_  
**Guardian Signature**

\_\_\_\_\_  
**Date**