

Summer Externship Application

Upstate Cerebral Palsy, Inc.'s policy is to provide equal opportunity to all employees, externs, volunteers, externs and applicants for employment. No one shall be discriminated against because of race, religion, color, gender, age, marital status, national origin, sexual orientation, Vietnam Era Veteran status, creed, genetic information, if victim or perceived victim of domestic violence, disability, or any other legally protected class or status recognized by Federal, State, or local laws. For the safety of our externs, the people we support, and our staff, there may be positions with a minimum age requirement.

(Please Print)

Date of Application: _____
 Applicant Last Name: _____ Applicant First Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone – Cell: () _____ Email: _____

School Name: _____ Program of Study: _____
 Academic Advisor: _____ Phone #: () _____
 Address: _____

NOTE: Please provide a current transcript from the school you are attending or a letter from your advisor (on School Letter Head) proving you are currently enrolled.

Have you ever been convicted of a crime including misdemeanors and summary offenses?

Yes No

Have you ever been convicted or entered a plea of no contest to charges of offense which involve abusing, neglecting, or mistreating children or adults?

Yes No

If you answer "Yes" to either of these questions, you will need to describe the charges and resolution of the charges in full.

Will your schedule allow you to complete the full externship?

Yes No

Personal References. Please have two individuals not related to you submit a written reference on your behalf to erik.jacobson@upstatecp.org. At least one should be a recent professor. Please provide the names of your references below.

Name	Address	Email Address	Phone #

Applicant’s Statement

To the best of my knowledge, the information provided in this application for Externship is true, correct and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision for an Externship position. The agency reserves the right to dismiss an extern who has provided incorrect information. Therefore, I understand that any false or misleading information given in my application or interview(s) may result in discharge. I accepted into an Externship position, I agree to abide by the Upstate Cerebral Palsy policies, rules and regulations. I understand acceptance of an offer of an Externship position does not create a contractual obligation upon the Agency to continue this experience in the future. I agree that my Externship experience is at-will and can be terminated by the Agency at any time with prior notification to the college. The reason for termination will be explained to me at termination. I also understand that I shall not be deemed an employee of Upstate Cerebral Palsy and I will not be compensated monetarily for any Externship position.

Signature. _____

Date. _____

General Information

- **Hours of Work.** The hours of work including lunch breaks will be between 8-3:30 on weekdays.
- **Dress Code.** Casual attire is acceptable; however, a neat, professional appearance is expected. No open toed shoes, high heels, dangling earrings, or expensive/irreplaceable jewelry.
- **Transportation/Parking.** Extern must provide own transportation.
- **Housing.** No housing is provided for affiliating externs. Extern is responsible for making his or her own housing accommodations.
- **Health Services.** Nurses are available at each site for first aid care. No other specific health services are available. Local hospital information is available upon request.

- **Missed Days.** Extern is expected to call assigned supervisor prior to start time for that day. (A maximum of 2 days may be missed, dependent upon time assigned.)
- **Center Closing.** Sites close due to inclement weather. Supervisor will discuss how notifications are carried out and alternate assignments if applicable.
- **Smoking.** There is no smoking allowed in any of the sites/buildings.

Extern Requirements

1. Strong desire to be involved with people of differing abilities in a busy environment. Ability to take initiative.
2. All externs will be required to complete the entire externship. Additional time maybe added to the end of the externship depending on needs of the program and the extern’s schedule.
3. All Externs – Proof of Mantoux testing (PPD) within 3 months of beginning of externship, or if the extern is a “positive tester”, a statement from the doctor to that effect and that there is no evidence of active Tuberculosis.
4. Child Abuse Registry Clearance Form and fingerprinted at least a month prior to the externship.

Overview

At least 4 weeks prior to the start of any externship the extern is required to contact the Credentialing Specialist at either by email or phone to complete the necessary paperwork and possible fingerprinting/background check. The extern also needs to provide a copy of his or her current transcript, or letter from advisor (on school letterhead) to show proof of current enrollment. Once all paperwork has been completed the Externship Coordinator will contact site supervisor for assignment.

The extern will need to set-up a scheduled time to meet with the Externship Coordinator or the person supervising their externship/observation to review and discuss general policies and extern/agency expectations. Externs will receive additional orientation at their assigned site. Their site supervisor will review specific procedures, fire drills, resources and required documentation.

The extern and site supervisor will formally meet at the half way point and during the final week of the externship to discuss extern performance and any pertinent concerns. Informal meetings will take place on an as needed basis throughout the externship experience.

The extern is responsible to submit all required paperwork/forms to site supervisor at the beginning of the externship. Site supervisor is required to complete required paperwork/forms. The extern will be asked to complete an Extern Evaluation upon completion of externship. A copy will be returned to the Externship Coordinator.

TB Testing Information

If the extern has received a Tuberculosis shot within the last year, proof of the shot administration should be provided on the first day of meeting with the Credentialing Specialist. It is required to have a current record on file. If not current, the extern will not be allowed at any of our sites.

If you have tested positive in the past, please bring proof that you are able to work. This proof can be a doctor's statement, a negative chest x-ray report or a report from your County's Public Health Department. The chest x-ray report needs to show the date the x-ray was done.

Health Assessment

Name: _____

Mailing Address: _____

Telephone: Home – () _____ Work: () _____

Birth Date: _____ Sex: Male _____ Female _____

Emergency Contact: _____

Relationship: _____ Telephone: () _____

Who is your regular health provider? _____

Name: _____

Telephone: () _____

Please list any allergies: _____

Please list any physician indicated restrictions: _____

Will you need any accommodations (due to physical, emotional, or developmental disabilities, heart disease, back injury, etc..) in order to participate in the Externship Program?

Yes No

If yes, what kind of accommodations do you need? _____

I am **not** habituated or addicted to depressant, stimulants, narcotics, alcohol or other substances that may alter my behavior.

Yes No

The statements herein are true to the best of my knowledge.

Signature of Extern: _____ **Date:** _____

Please Note: Assuring the safety and well-being of the people we support, staff, and externs is essential to the provision of services. Therefore, if after review of this health assessment the Human Resources Department, upon advice from the Medical Director, determines that the safety and well-being of people being supported, staff, and externs are in jeopardy, the Human Resources Department may request the prospective extern to submit to a health report from their health provider before being placed in an externship position. If this is necessary, the cost associated with the health report will be borne by the extern.

Emergency Contact Information

Please provide us with a list of emergency contacts in case of an emergency

Extern's Name: _____ Date: _____

❶ First & Last Name: _____

Relationship: _____ Home/Cell Phone #: _____

❷ First & Last Name: _____

Relationship: _____ Home/Cell Phone #: _____

❸ First & Last Name: _____

Relationship: _____ Home/Cell Phone #: _____

Extern Externship Agreement

I understand I will be considered an employee of Upstate Cerebral Palsy during this externship experience and will not receive any school credit. I have no guarantee of employment with Upstate Cerebral Palsy upon completion of the externship.

Print Name

Date

Signature

Date

*Please submit this form along with a cover letter
highlighting your reasons for pursuing the externship to
Chief Erik Jacobson, Ph.D. at erik.jacobson@upstatecp.org*