



Liberty's Station Internship Program

Application for Adults with Disabilities

Serving individuals with employment obstacles through meaningful job training and placement by developing their God-given potential.

We are so pleased you are applying to be a Liberty's Station intern! Please refer to the 'Internship Information: Adults with Disabilities' document for more information about Liberty's Station's internship program prior to completing this application. If you are seeking employment and experience other employment obstacles such as being justice-involved, a veteran, addiction recovery, etc., please complete the 'Initial Application for Adults with Employment Barriers'.

To assist in meeting our mission and objectives, please take a moment to review the following criteria to ensure the applicant is eligible for our internship program.

Applicants with a disability must:

- have a diagnosis that includes cognitive or physical disability
- be at least 18 years old or graduate of high school
- be able to take care of his/her own personal needs and self-help (dressing, eating, toileting, etc.) with no or limited assistance while on duty at Liberty's Station
- be currently seeking training for community employment
- be able to communicate basic needs verbally or nonverbally and have adequate receptive language
- have the potential to follow multi-step directions
- have the social skills to interact positively and appropriately with others
- have no significant behavioral needs
- must be medically stable; have no uncontrolled medical diagnoses that would require a nurse or emergency services
- be able to ambulate with or without an assistive device or independent use of a wheelchair
- have reliable transportation to and from Liberty's Station
- have a social security number

PERSONAL INFORMATION

Today's Date:

Applicant's Last Name	Applicant's First Name	Date of Birth
Current Address		
Applicant's Phone Number		Applicant's Email Address



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Mother/Conservator Name (circle one)	Address (if different from above)	Phone Number	Email
Father/Conservator Name (circle one)	Address (if different from above)	Phone Number	Email

VOLUNTARY AND CONFIDENTIAL SELF-IDENTIFICATION OF DISABILITY

The mission of Liberty's Station is to serve individuals with employment obstacles by developing their God-given potential. We are a progressive workforce pipeline where 90% of the employees have intellectual and developmental disabilities (IDD), physical disabilities, or other employment barriers. Employees are assessed, trained, and gain work experience to then confidently acquire long-term community employment. This information will be kept private and confidential.

Please check on the responses below:

Yes, I have a disability

No, I do not have a disability

Please specify disability/diagnosis. Did the applicant have a certified disability (an IEP or 504 Plan) while in school?

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Applicant, why would you like an internship at Liberty's Station, and how would you be a valuable member of the team?



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Are you currently under the care of a parent/guardian? _____

If yes, Parent/Guardian, what goals do you have for your applicant while at Liberty's Station?
Why do you think the applicant is a good fit for our program?

EDUCATIONAL HISTORY

Please tell us about your educational experience and highest level accomplished including degree or diploma earned:

EMPLOYMENT, VOLUNTEER, AND/OR JOB TRAINING HISTORY

Please tell us about your most recent or relevant employment, volunteer, and job training experiences. If you do not have work or volunteer experience, what would be your ideal job in the future?



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Dates of Employment	Employer	Contact/Position	Email or phone
From: To:			
From: To:			

REFERENCES

Please provide at least one service provider (i.e. job coach, teacher, direct supervisor) or work-related reference. If not applicable, please list a close relative other than a parent or guardian.

Reference Name	Phone Number	Relationship to Applicant	Years Known

Medical Information

(Information must be completed by a parent or guardian of the applicant.)

Name of person completing form: _____

Relationship to applicant: _____

Prescription Medication

List all medication the applicant is presently taking:

Prescription Name	Dosage/Frequency Date prescribed



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Liberty's Station personnel do not administer medication. Applicant is responsible for any prescribed or over-the-counter medication.

Allergies

List all allergies, regardless of type, below:

Allergy	Type (food, medication, etc.)	Reaction	Severity

Does this applicant carry an Epi-Pen for these allergies? Y/N

Has the applicant had seizures? Y/N If yes, when was the last recorded seizure? _____

If yes, what type of seizures and how frequent?

Did it require medication or hospitalization? _____

Does the applicant have Diabetes? Y/N

If yes, please explain the applicant's diet restrictions and eating schedule.

Please list any other medical conditions of the applicant and how they may affect his/her ability to perform his/her duties on the job



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Personal Information

(To be completed by a parent or guardian)

Please answer the following questions to assist us in better understanding the applicant's needs.

1) Describe the applicant's communication abilities. Include both strengths and weaknesses.

2) List any physical restrictions the applicant has and how they might affect his/her mobility or ability to perform his/her duties on the job.

3) List the applicant's strengths pertaining to working in the community. What areas need improvement?

4) Please use this space to tell us anything else about the applicant that will help us make his/her experience at Liberty's Station a positive one.



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Photo/Video Release Waiver

I consent to allow Liberty's Station to use: _____ photos and/or videos in publications (such as flyers/brochures), our website, or on social media sites (such as our Facebook or Instagram account). I understand that in some cases, his/her name may be used. I further understand no financial compensation will be given for the use of these photos/videos.

Applicant's Name / Date

Signature of Parent/Guardian / Date

Please email the completed application to:

Liberty's Station: delaney@LibertysStationTN.org or info@LibertysStationTN.org

If unable to email the application:

Mailing address: Liberty's Station

2441-Q Old Fort Pkwy # 453, Murfreesboro, TN 37128

You may also bring it by Liberty's Station during business hours (Th-Sat, 11-2)

Liberty's Station is committed to equal employment and volunteer opportunity without regard to age, ancestry, disability, national or ethnic origin, race, sex, marital status, political belief, or veteran status.

By signing below, you affirm that all information provided in this application is as complete and accurate as possible. You understand that the Liberty's Station program is job training that will lead to employment in the community. You are aware that in order for an applicant to participate in this program, he/she must be able to independently care for his/her own personal needs.

Applicant's Name / Date

Signature of Parent/Guardian / Date