

PROJECT PULL

Internship program

INTERN APPLICATION PACKET



Project Pull Summer Internship Program
1145 Market Street, 8th Floor
San Francisco, CA 94103
E: sfprojectpull@gmail.com
W: www.sfgov.org/projectpull



APPLICATION CHECKLIST & SUBMISSION INSTRUCTIONS

What is Project Pull:

Project Pull is a paid summer internship program for incoming high school juniors, seniors and incoming college freshman. The program is sponsored by the City & County of San Francisco. Project Pull is a multipart internship program which provides a mixture of educational, challenging and fun opportunities both inside and outside the workplace. Paired with City employees serving as mentors, interns are provided with the opportunity to gain insight on careers in the public sector by performing projects and tasks in a professional work environment.

Application Checklist:

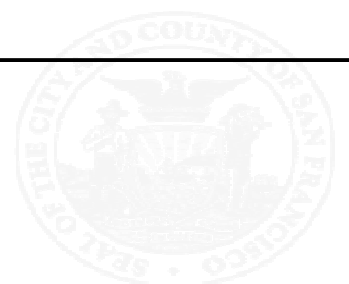
- | | | |
|---|--|---|
| <input type="checkbox"/> Personal Information | <input type="checkbox"/> Tell Us About Yourself | <input type="checkbox"/> Emergency Information |
| <input type="checkbox"/> Demographic Information | <input type="checkbox"/> Essay | <input type="checkbox"/> Request for Work Permit (If Applicable) |
| <input type="checkbox"/> Work / Volunteer Experience | <input type="checkbox"/> Parent Consent | <input type="checkbox"/> Teacher / Counselor Recommendation |

Documentation Checklist:

- | | |
|---|---|
| <input type="checkbox"/> Copy of Social Security Card (signed) | <input type="checkbox"/> Proof of Age |
| <input type="checkbox"/> Copy of School Transcript | <input type="checkbox"/> Work Permit (If Applicable) |
| <input type="checkbox"/> Copy of Picture ID | <input type="checkbox"/> Green Card |

Submission Instructions:

- Application must be typed or written in blue or black ink. Must be legible.
- Complete application will be considered.
- Deadline for application is **Friday, 7 May 2010**
- Submit application to: **Project Pull Summer Internship Program
1145 Market Street, 8th Floor
San Francisco, CA 94103
Attn: Project Pull Coordinator**



SECTION 1: PERSONAL INFORMATION (PLEASE PRINT CLEARLY AND LEGIBLY)

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: - - 1 9

Social Security Number: - -

Gender: Female Male

Street Address: _____

City, State & Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

2009/10 School: _____

Grade: _____

2010/11 School: _____

Grade: _____

SECTION 2: DEMOGRAPHIC INFORMATION (RESPONSES WILL NOT AFFECT ELIGIBILITY)

Please indicate your race/ethnicity (For options, please specify)

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Middle Eastern - Arab |
| <input type="checkbox"/> Asian - Burmese | <input type="checkbox"/> Middle Eastern - Iranian |
| <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Middle Eastern - Other (please specify below) |
| <input type="checkbox"/> Asian - Indonesian | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian - Vietnamese | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian - Other (Please specify below) | <input type="checkbox"/> Pacific Islander - Filipino |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Pacific Islander - Guamanian |
| <input type="checkbox"/> Hispanic - Caribbean | <input type="checkbox"/> Pacific Islander - Hawaiian |
| <input type="checkbox"/> Hispanic - Central American | <input type="checkbox"/> Pacific Islander - Samoan |
| <input type="checkbox"/> Hispanic - Mexican/Mexican American | <input type="checkbox"/> Pacific Islander - Other (Please specify below) |
| <input type="checkbox"/> Hispanic - Puerto Rican | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Hispanic - Other (Please specify below) | <input type="checkbox"/> Other (please specify below) |

Specify Race/Ethnicity: _____

SECTION 5: ESSAY (250 WORD MINIMUM)

(A TYPED RESPONSE MAY BE ATTACHED TO YOUR APPLICATION, IF DESIRED)

Given what you know about Project Pull and your future educational and/or career goals, please write an essay telling us why you would like to participate in the program. Your essay should be at least 250 words long and should conform to the same writing standards expected of you at school (e.g. well written, correct grammar, no spelling mistakes, etc).

SECTION 6: PARENT CONSENT & SIGNATURES

IF I'M ACCEPTED INTO THE PROJECT PULL PROGRAM, I AGREE TO:

- Actively participate in the program and all of its associated activities for the entire 2010 session (session lasts from Monday, 21 June 2010 to Friday, 13 August 2010).
- Attend work regularly and be responsible for scheduling and notification.
- Complete all assignments and projects assigned career mentor, Project Pull Team Leader or other staff.
- Fully participate in the Annual Project Pull Design Competition including working with small group to plan project topics, build models and present designs.
- Fully participate in Project Pull Community Services activities.
- Agree to take responsibility for transportation to and from worksites and enrichments.
- Behave according to the standards of appropriate behavior set forth by Project Pull and assigned worksites.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Project Pull would like to make any appropriate accommodations necessary for your child to participate in the program.

Project Pull also occasionally takes pictures or video at worksites, trainings and events. Pictures and video are used for documentation of program activities and may be used in brochures, newsletters and/or other program materials.

SIGNING BELOW INDICATES:

- Consent to allow your daughter or son to participate in Project Pull.
- Consent for Project Pull to make appropriate accommodations for your daughter or son at their worksite or events.
- Consent to take pictures/video of your daughter or son for documentation of program activities.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

PROJECT PULL IS A PROGRAM OF:

**The Department of
Public Works**

**The San Francisco Public
Utilities Commission**

New Ways Workers-SF
*A program of the Japanese Community
Youth Council*

SECTION 7: EMERGENCY INFORMATION FORM

PARTICIPANT INFORMATION:

Name: _____ Home Phone: (____) _____

Address: _____ Cell Phone: (____) _____

City/State/Zip: _____ California _____

Social Security Number: _____ Date of Birth: _____

Please list any special medical concerns or conditions that Project Pull should be aware of:

PARENT/GUARDIAN INFORMATION:

Mother/Guardian's Name: _____ Signature: _____

Daytime Contact Phone: (____) _____ Home Phone: (____) _____

Father/Guardian's Name: _____ Signature: _____

Daytime Contact Phone: (____) _____ Home Phone: (____) _____

PHYSICIAN PRE-DESIGNATION:

This section allows applicants and their parents to designate a personal physician to provide medical care in advance of any workplace injuries. Designated physicians must be a part of the State Compensation Insurance Fund Medical Provider Network to be used for treatment of workplace injuries through Project Pull.

To find out if your doctor is part of the Medical Provider Network or to pick a doctor to pre-designate:

1. Log onto: www.SCIF.com
2. Click on "Quicklinks" and then on "MEDfinder MPN: Find a Provider"
3. Click on "Start Your Search Now"
4. Type in your Zip code, scroll down and click "Primary Treatment Provider," then click "Submit"
5. A page with a list of Primary Physicians will be displayed. You may choose anyone from this list.

Please Check One:

I elect to receive medical treatment for any workplace injuries from my personal physician. I have verified that my doctor is

a part of the State Compensation Insurance Fund Medical Provider Network.

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

I elect to receive medical treatment for any workplace injuries from a local Kaiser Occupational Health Clinic. I waive my right to pre-designate a personal physician for treatment of any workplace injuries.

IN THE EVENT OF A WORKPLACE INJURY, THE FOLLOWING PROCEDURE WILL BE FOLLOWED:

1. If the injury is an emergency, Project Pull staff and/or mentors will call 911 or take the intern to the nearest emergency room. At the hospital Project Pull staff or mentors will inform the doctor that the injury is work related.
2. If the injury is not an emergency, Project Pull staff and/or mentors will take the intern to either the Kaiser Occupational Health Clinic or to the doctor pre-designated above. Follow-up care will be handled by either the Kaiser Occupational Health Clinic or the pre-designated doctor.

KAISER OCCUPATIONAL HEALTH CLINICS:

For Injuries Occurring Before 5:00PM: 601 Van Ness Avenue · Mezzanine Level · 415.674.7000

For Injuries Occurring After 5:00PM: 350 St. Joseph's Street · Near Divisadero/Geary

SECTION 8: REQUEST FOR WORK PERMIT (THIS FORM IS NOT AN ACTUAL WORK PERMIT)

FOR MINOR TO COMPLETE:

Minor's Name (Print Last Name First)	Social Security Number	Date of Birth	Age
Street Address	City	Zip code	Home Phone
School Name	Address	Zip code	School Phone

FOR EMPLOYER TO COMPLETE:

JCYC/Project Pull	2012 Pine Street	San Francisco	94115
Business Name	Street Address	City	Zip code
415.202.7911	Clerical		\$11/hr
Business Phone	Minor's Work Duties		Hourly Wage

Employer's Worker's Compensation Insurance Company: State Compensation Insurance Fund

Maximum number of hours of employment when school is in session:
This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, color, national origin, ancestry, age, physical handicap or medical conditions. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

MON: 2-4 TUES: 2-4 WED: 2-4 THURS: 2-4 FRI: 2-4 SAT: 2-4 SUN: 2-4 WEEKLY: 10-20

Supervisor's Name (print or type)	Supervisor's Signature
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FOR PARENT/GUARDIAN TO COMPLETE:

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that, to the best of my knowledge, the information herein is correct and true. I request that a Work Permit be issued.

Signature of Parent or Legal Guardian	Date
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In addition to the employer listed above, my child is also working for: _____
Name of Business

FOR WORK PERMIT OFFICE TO COMPLETE:

Evidence of Minor's Age	Grade Level
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TYPE: Regular: _____ Vacation: _____ Work Experience Education: _____

Year-Round: _____ Other (Specify): _____

SECTION 9: TEACHER/COUNSELOR RECOMMENDATION FORM

Please use the space below to describe why the applicant is a good candidate to participate in the Project Pull program. Please be as detailed as possible and use specific examples where appropriate. Feel free to attach an additional sheet of paper if necessary. For more information about the Project Pull program, visit us online at: www.SFYouthWorks.org/projectpull.htm.

By signing below I certify that, to the best of my knowledge, the information contained on this **Teacher/Counselor Recommendation Form** is correct and true.

Name of Recommender (please print): _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Thank you for filling out this form, your assistance is greatly appreciated!

Project Pull is administered by The Department of Public Works, S.F. Public Utilities Commission and New Ways Workers-SF. If you have any questions about this form or the Project Pull program, please do not hesitate to contact us.

SECTION 9: TEACHER/COUNSELOR RECOMMENDATION FORM

NAME OF APPLICANT: _____

INSTRUCTIONS FOR APPLICANT: Please submit **Teacher/Counselor Recommendation Form** to your teacher or counselor at your school who knows you well enough to talk about your skills, abilities and capacity to participate in Project Pull. This form should be filled out and submitted with your completed application. **Please inform the recommending teacher/counselor to put this form in a sealed envelope, sign over the seal and return the form to you to be submitted with your application.**

INSTRUCTIONS FOR RECOMMENDING TEACHER/COUNSELOR: Project Pull is a summer youth employment program for incoming high school juniors, seniors and college freshmen. The program places youth in career internships in San Francisco city government departments. Internships are within the fields of architecture, business, engineering and science; and afford young people the opportunity to explore a career and learn job skills that will help them pursue a career in one of these areas.

This **Teacher/Counselor Recommendation Form** will help us determine if the applicant is a good candidate for participation in Project Pull. Please answer the following questions as honestly as possible. Feel free to attach an additional sheet of paper if necessary. Completed **Teacher/Counselor Recommendation Form** should be returned to the applicant in a sealed envelope with the recommender's signature over the seal. Thank you for your assistance.

Name of Recommending Teacher/Counselor: _____

Title & Class you teach: _____

School: _____

How Long Have You Known the Applicant? _____

In What Capacity Do You Know the Applicant?

Please describe the applicant. In your opinion, what are their strengths and what skills, abilities and characteristics would they bring to the Project Pull program?

In your opinion, what is the applicant's ability to work with other students to complete a project? Please specifically describe any leadership skills you think the applicant possesses as well as any deficiencies.