

A-HEC of a Summer 2016

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED BY THE PARTICIPANT IN ORDER TO BE CONSIDERED

Social Security #: _____ - _____ - _____ Date of Birth ____/____/____ Gender : Male Female

First Name: _____ Middle Name: _____ Last Name: _____

Ethnicity: Afr. American Am. Indian Asian Caucasian Hispanic Other: _____

Mailing Address: _____ City: _____ State: _____ Zip : _____

Physical Address: _____ City: _____ State: _____ Zip : _____

Home Parish: _____ Home Phone : (____) _____ - _____ Student Cell Phone: (____) _____ - _____

Student Email: _____ Parent Cell Phone: (____) _____ - _____

Parents Name: _____

High School: _____ Graduation Year: _____ Current Grade: _____

Current GPA (must be at least a 2.0): _____ Have you applied for this program before: Yes No

Have you participated in and completed any of the following programs:

AHEC of a Summer Day with the Doctors CI:Healthcare

List any health careers you are currently interested in: _____

Scrub Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

Scrub Pant Size: Small Medium Large X-Large XX-Large XXX-Large

**** Due to the potential risk of harm to the unborn fetus, pregnant females will not be allowed to participate in this program. If you are or believe you may be pregnant, please notify CLAHEC immediately. ****

Acceptance into the "AHEC of a Summer" program requires a commitment of approximately 105 total hours of weekday volunteer service at the host medical facility during the month of June. **Volunteers do NOT receive wages or salary through the "A-HEC of a Summer" program.** Volunteers will receive ½ unit of high school credit upon satisfactory completion of the program. Signing this application is an indication of your availability and commitment to participate in ALL scheduled "AHEC of a Summer" activities.

I hereby give my child permission to apply for the "A-HEC of a Summer" program. I have read the program brochure and agree to adhere to the program policies and to provide transportation for my child to the program site if he/she is selected. My signature also authorizes Central LA AHEC the use of my child's image and statements; uses include, but are not limited to: photography, videotape, organizational web site, or print media. Additionally, I grant Central LA AHEC permission to use my child's personally identifiable information for the purposes of federal, state and grant tracking and reporting.

Student Signature _____ Date ____/____/____

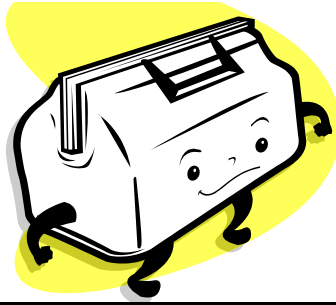
Parent Signature _____ Date ____/____/____

Completed application packet MUST include:

- Completed application
 - One letter of recommendation from your teacher, counselor, or high school principal
 - Copy of your most recent transcript
 - Personal essay explaining why you should be selected to participate and what you hope to gain
- TYPED ESSAY IS REQUIRED (250 WORDS OR LESS)**

A-HEC of a Summer 2016

Health Careers Volunteer Exploration Program



A-HEC of a Summer takes place during the month of June beginning with a mandatory family orientation held one evening prior to the program. Program activities are usually held 3 days a week (Tuesday – Thursday) for five consecutive weeks. However, each program site varies. The program concludes with an awards and recognition event.

The A-HEC of a Summer Program is an exciting opportunity for high school students who are interested in pursuing a health care career. These students are given a chance to explore different career opportunities in medicine by volunteering at local hospitals. Program participants learn about health issues, patient care, and health care career options, as well as information on education and training for health care professions, volunteer work and opportunities, and job readiness skills. A-HEC of a Summer provides dedicated students an insight into the various medical fields through observation and hands-on experience. While serving the community, students can earn 1/2 high school AHEC elective credit.

Admissions Social Services
Medical Records Surgery Dietary
Labor and Delivery Laboratory
Pharmacy Nursing
Physical Therapy Occupational Therapy
Radiology Respiratory Emergency

Workshops

Field Trips

CPR Certification

Completed Application
must be postmarked no
later than March 1

- High school Freshman, Sophomore or Junior students who are interested in a health care career may apply. Students must have at least a **2.0** grade point average.
- The "A-HEC of a Summer" Program requires a commitment of approximately 100 hours as a health care volunteer. **Participants must attend all scheduled program activities.**
- If you are selected, you must furnish your own transportation to the program site and must attend all scheduled program days.
- Volunteers do not receive a salary or wages through the program.
- Volunteers must adhere to the medical facility dress code. Uniform items (scrub suit & name tag) will be provided FREE of charge and must be worn at all times.
- Lunch will be provided at the medical facility cafeteria FREE of charge at the program site.
- There is **NO COST** to apply for the AHEC of a Summer Program.

Completed application packet MUST include:

- Completed application
- One letter of recommendation from your teacher, counselor, or high school principal
- Copy of your most recent transcript
- Personal essay explaining why you should be selected to participate and what you hope to gain
TYPED ESSAY IS REQUIRED (250 WORDS OR LESS)

Completed application packets need to be mailed to the appropriate AHEC location depending upon your parish.

1410 Neel Kearby Blvd., Suite 125
Alexandria, LA 71303
Phone: 318-443-2855
Fax: 318-443-4255
Email: gabrielle@clahec.org

TURN OVER TO COMPLETE YOUR APPLICATION

7525 Picardy Ave.
Baton Rouge, LA 70808
Phone: 225-757-9845
Fax: 225-757-9097
Email: elizabeth@clahec.org