

# A-HEC of a Summer 2018

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 (White)  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: \_\_\_\_\_

Cumulative 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 (NOT applying for currently):

Day with the Doctors  CI:Healthcare  M.A.S.H.

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

## MEDICAL INFORMATION:

Please list any medical conditions:

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

Please list any medication for the corresponding medical conditions:

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

Does the student have an allergy to latex:  Yes  No Does the student have any dietary restrictions:  Yes  No

Does the student require special assistance:  Yes  No Explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\*\* 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.

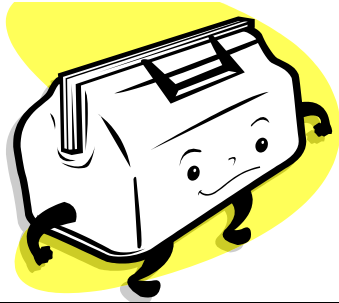
I hereby give my child permission to apply for the "A-HEC of a Summer" program. I have read the program brochure and agree to adhere to the program policies and to provide transportation for my child to the program site if he/she is selected. My signature also authorizes Central LA AHEC the use of my 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# A-HEC of a Summer 2018

## 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. 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 1st

- High school Freshman, Sophomore or Junior students who are interested in a health care career may apply. Students must have at least a cumulative 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.

### 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**

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

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

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

**TURN OVER TO COMPLETE YOUR APPLICATION**