SHC: Student Healthcare Connections

HEALTHCARE CAREER EXPLORATION DAY APPLICATION

Application Information

Full name: _____ (Last / First / M.I.) Date: _____

Address: _____ (Street address / Apt/Unit #) Phone: _____

_____ (City / State / Zip Code) Email: _____

Date of Birth: _____ Age: _____ Current grade: _____

School Name: _____

School Address: _____

Parent/Guardian: _____

Emergency Contact #: _____

Shirt Size : Please circle one: **S** **M** **L** **XL** **2X**

1. Please explain your interest in the medical/health career field.

2. Why is participating in this day important to you? What do you hope to gain from this?

3. What experience(s) have you had with health careers (classes in school, other programs you have attended, family members in the field, etc)?

4. If you could learn more about 3 healthcare careers, what would they be and why?
   a.
   b.
   c.

5. What are your thoughts about your future education plans or career goals?

6. What do you do in your free time? (Extra-curricular activities, interests, job, etc)

I certify that the information given in this application is true and correct. I realize that applications are accepted only when they are complete. In addition, if selected, I commit to attend the Healthcare Career Exploration Day, unless unforeseen circumstances arise.

Student initials: _____ Parent/Guardian initials: _____

I realize that I will have the opportunity to participate in a variety of hands-on activities facilitated by the staff of the healthcare facility in several different departments. I also realize that I have the option of choosing not to participate in any particular activity. I will not hold Sidney Health Center responsible for any injury or illness that may occur as a result of my participation in the Healthcare Career Exploration Day. If selected, I understand that I am responsible for my own transportation to and from Sidney Health Center if my school does not provide transportation.

Student initials: _____ Parent/Guardian initials: _____

Healthcare facilities have a legal and ethical responsibility to safeguard the privacy of all customers, residents, and patients to protect the confidentiality of their health information. Additionally, Sidney Health Center must assure the confidentiality of its Human Resources, payroll, fiscal, research, computer systems, and management information. In the course of my participation in this program, I may become aware of confidential information. By signing this document, I agree not to disclose or discuss any patient, resident, or any other protected information with others that I might become aware of, including friends or family.

Student initials: _____ Parent/Guardian initials: _____

I hereby grant Sidney Health Center permission to use my picture, portrait, photograph, likeness, voice or image for all forms or media and in all manners for any purposes, including but not limited to display or placement in print, radio, television broadcast or on websites anywhere throughout the United States, and to edit such material on film or videotape for those purposes. I also waive the right to inspect or approve the finished product, including written copy that may be created in connection therewith. However, I understand that I have the right to request cessation of recording or filming and understand that I have the right to rescind consent for use up to a reasonable time before the recording or filming is used.

YES NO (please circle one)

Student initials: _____ Parent/Guardian initials: _____

Parent or Guardian Signature:	_____	Date:	_____
Student Signature:	_____	Date:	_____

RECOMMENDATION FORM

To be completed by a teacher, coach, spiritual leader, club advisor, or other adult in a supervisory position who is not a family member. This form should be included with the student's completed application.

Your recommendation is very important to our selection process. Thank you for considering this carefully. In comparison with other students you have known, please evaluate the applicant in the following areas:

Leadership Skill (problem solving, ability to see choices, etc.)	5	4	3	2	1
Motivation (self-starter)	5	4	3	2	1
Verbal Skills and Expression (communication skills)	5	4	3	2	1
Interpersonal Skills (ability to get along with others)	5	4	3	2	1
Sincerity (genuine interest in health careers)	5	4	3	2	1
Maturity (stable, responsible, handles situations well, respectful of instructors)	5	4	3	2	1

Summary comments: Please note overall impression of student and any additional pertinent comments (use back if necessary)

Evaluator's name _____ Relationship: _____

Affiliation: _____ Phone: _____

Signature: _____ Date: _____

Please return to hr@sidneyhealth.org or fax to 406-488-2261.