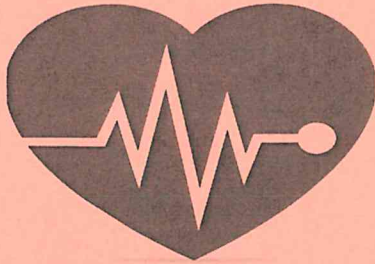


A-HEC of a Summer 2020

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 5 days a week (Monday –Friday) for 3 weeks. However, each program site varies.

The A-HEC of a Summer Program is a program for high school students who are interested in pursuing a healthcare career. Students are given a chance to explore different career opportunities in medicine by volunteering at local hospitals.

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.



**Completed application
must be postmarked
NO later than
March 2, 2020**

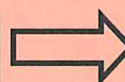
- High school 9th, 10th, and 11th grade students interested in a health care career may apply. Students must have at least a cumulative 2.0 GPA.
- This program requires a commitment of approx. 100 hours as a health care volunteer. Participants MUST attend all scheduled program activities.
- If you are selected, you must furnish your own transportation to the program site.
- Student volunteers DO NOT receive a salary or wages through the program.
- Student volunteers must adhere to the medical facility dress code. Uniform items (scrub suit & name tag) will be provided.
- Most medical facility cafeterias provide lunch.
- NO COST to apply or participate!

Completed application packet MUST include:

- Completed Bayou North AHEC 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))

For more information, visit www.bnahec.org

Mail completed application packets to:



4864 Jackson Street
Monroe, LA 71202
Phone: 318-330-7700
Fax: 318-330-7709

TURN OVER TO COMPLETE YOUR APPLICATION

A-HEC of a Summer 2020

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 Day with AHEC M*A*S*H

List any health careers you are currently interested in: _____

Scrub 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 BNAHEC 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 Bayou North 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 Bayou North 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 _____ / _____ / _____