A-HEC of a Summer

Social Security #.	
	Date of Birth / Gender : \square Male \square Female
irst Name:	Middle Name: Last Name:
Ethnicity: 🗖 Afr. American	Am. Indian Asian Caucasian (White) Hispanic Other:
Mailing Address:	City: State: Zip :
hysical Address:	City:State:Zip :
Iome Parish:	Home Phone : ()Student Cell Phone: ()
Student Email:	Parent Cell Phone: ()
'arents Name:	
ligh School:	Graduation Year: Current Grade:
Cumulative GPA (must be a	at least a 2.0): Have you applied for this program before: Tes Tes
Have you participated in ar	and completed any of the following programs (NOT applying for currently):
Day with the Doctors	$\Box Day with AHEC \qquad \Box M^*A^*S^*H$
ist any health careers you	u are currently interested in:
Scrub Size: Small	🗖 Medium 🗖 Large 🗖 X-Large 🗖 XX-Large 🗖 XXX-Large
Please list any medication for th	he corresponding medical conditions:
Please list any medication for th	he corresponding medical conditions:
Does the student have an allergy	gy to latex: ■ Yes ■ No Does the student have any dietary restrictions: ■ Yes ■ No
	gy to latex: Yes No Does the student have any dietary restrictions: Yes No
Does the student have an allergy Does the student require special	zy to latex: Yes No Does the student have any dietary restrictions: Yes No al assistance: Yes No Explain:
Does the student have an allergy Does the student require special	gy to latex: Yes No Does the student have any dietary restrictions: Yes No al assistance: Yes No Explain:
Does the student have an allergy Does the student require special Emergency Contact: Emergency Contact Cell Phone:	zy to latex: Yes No Does the student have any dietary restrictions: Yes No al assistance: Yes No Explain:
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Does the student have an allergy Does the student require special Emergency Contact: Emergency Contact Cell Phone: nsurance Company:	gy to latex: Yes No Does the student have any dietary restrictions: Yes No al assistance: Relationship:
Does the student have an allergy Does the student require special Emergency Contact: Emergency Contact Cell Phone: nsurance Company: ** Due to the potential risk of cceptance into the "AHEC of a Summer nonth of June. Volunteers do NOT receiv	gy to latex: Yes No Does the student have any dietary restrictions: Yes No al assistance: Yes No Explain:
Does the student have an allergy Does the student require special Emergency Contact: Emergency Contact Cell Phone: nsurance Company: ** Due to the potential risk of cceptance into the "AHEC of a Summer nonth of June. Volunteers do NOT receiv pompletion of the program. Signing this a hereby give my child permission to appl ansportation for my child to the progra re not limited to: photography, videotage	
Does the student have an allergy Does the student require special Emergency Contact: Emergency Contact Cell Phone: Insurance Company: ** Due to the potential risk of cceptance into the "AHEC of a Summer bonth of June. Volunteers do NOT receir completion of the program. Signing this a hereby give my child permission to appl ransportation for my child to the progra re not limited to: photography, videotag aformation for the purposes of federal, s	gy to latex: Yes No Does the student have any dietary restrictions: Yes No al assistance: Yes No Explain: Relationship:

A-HEC of a Summer

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.





- •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. <u>Participants MUST attend all scheduled program</u> <u>activities</u>.
- •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.

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)



MAIL COMPLETED APPLICATION PACKET TO:



1513 Doctors Dr., Ste. 2A Bossier City, LA 71111 Phone: 318-746-0044 Fax: 318-746-0046