

CAMP MED 2020
June 8 - 12, 2020

STUDENT APPLICATION
Please use Black or Blue Ink

Date: _____

High School: _____

Current Grade: _____

(Camp Med is open to current 9th, 10th, and 11th grade students.)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: (Home) _____

(Cell) _____

Date of Birth: _____

SCHOOL VERIFICATION: (2019 - 2020 School Year)

- The above student applicant has had no significant disciplinary or attendance problems and has a minimum of a 2.5 GPA.
- I recommend for participation in Camp Med.

Principal's / Counselor's Signature _____ Date _____

What is your career goal? _____

Clinical Area Interests:

Of the Clinical Areas listed below, please list your preference in order of interest. Or other if applicable. (Placement in all areas requested cannot be guaranteed)

- Operating Room
- Intensive Care
- Telemetry
- Medsurg/Pediatrics
- Respiratory Care
- Labor & Delivery
- Cancer Care
- Diagnostic Imaging
- Physician Practice
- Rehab Services/PT
- Emergency

1. _____
2. _____
3. _____

What past experiences or courses have you taken related to healthcare?

Will you have transportation to and from Caldwell Memorial Hospital EVERY DAY of the camp? (Circle One) **YES or NO**

If no, please explain circumstances or need: _____

You will be required to attend Camp Med each day and attend graduation on Friday afternoon.

Are you able to comply with this stipulation? (Circle One) **YES or NO**

If you have a job during the dates of the camp, will you still be able to attend all days/times required? (Circle One) **YES or NO**

THE REQUIRED DRESS CODE IS AS FOLLOWS:

- **Shirts/Blouses:** Button up dress shirt.
- **Pants:** Dress pants.
- **All clothing must be neat and clean in appearance.**
- **No exposed body piercings or tattoos.**
- **Shoes:** Closed toe only. Sneakers may be worn, but only if clean condition and not overly worn. Shoes need to be comfortable, as periods of standing will be required.
- **Jewelry:** No more than two earrings per ear (lower lobe) and only one necklace/ring/watch/ bracelet allowed per person.
- **Hair:** Must be neat and clean. Students with longer hair will be required to pull back during clinical rotations.
- **Name badges** will be provided by Caldwell. Badges must be worn at all times when on all Caldwell Memorial Hospital properties.
- **Cell phones** will need to be left at home or in the car.

These rules are established for your safety and to maintain a professional image while you are representing the medical field, your school and yourself.

I understand and will comply with the stated dress code. I understand that failure to comply can lead to my dismissal from the program.

Student: _____

Parent/Guardian: _____

To Students:

As part of your application, you must submit a letter expressing your interest in and plans for a career in Health Care. This letter should include your name, school and current grade. The letter should be 1 – 1 ½ pages typed, double space with 12 pt. font.

To Parents:

Does your child have any special circumstances/needs/conditions about which we need to be aware of? (Circle One) **YES or NO**. If yes, please list below:

IMPORTANT NOTICE: Parents/Guardians and ALL students will be required to attend a pre-camp meeting. Upon acceptance to Camp Med, the date/time/location will be mailed with an acceptance letter to the student/guardian.

I endorse my child's participation in this program if accepted. I also give permission for my child to be transported to High Point University on one select day during the week of the camp via bus.

Parent/Guardian Name: _____

Date: _____

APPLICATION DEADLINE: 12:00 p.m. Friday, March 27, 2020

On-site interviews with selected candidates will take place during early April.

Selection in the program is competitive and not guaranteed. Acceptance letters will be mailed out around April 17, 2020.

Please Return Completed Application to your CTE Career Development Coordinator.

If you have any questions, please contact your CTE Career Development Coordinator,

Guidance Counselor or

Christina Good, Program Coordinator: 828-757-6100

Camp Med 2020 Summer Program

Provided by Northwest Area Health Education Center (Northwest AHEC), a program of Wake Forest School of Medicine and part of the NC AHEC System.

Program Overview

This program is designed to identify, recruit, educate and prepare high school students for careers in health professions. Camp activities include presentations, tours/ observations and clinical experiences.

Who Should Participate

Current ninth through eleventh grade high school students who have an interest in health careers and the academic potential for a career in the health sciences.

Objectives

Upon completion of this program, participants will be able to:

- Describe roles and responsibilities, career outlook, salary ranges, educational preparation and credentialing of select health professions.
- Observe state-of-the-art technology, equipment and procedures used in various health professions.
- Develop an understanding of the health care delivery system and the principles of medical ethics and safety.
- Develop effective skills of personal development in areas such as peer relations, teamwork, stress management and leadership.
- Experience a learning environment which integrates school life with the adult world of work.
- Meet health care practitioners and health profession students who share common health career goals.
- Explain what medical cultural competency is and why it is a critical component of the healthcare delivery system.

Applicant Requirements

- Must be a high school freshman, sophomore, or junior for the **2019-2020** school year.
- Must have a minimum Grade Point Average (GPA) of 2.5.
- Must submit a current report card and discipline report.
- Must complete a letter of interest outlining your career goals and why you are interested in participating in the Camp Med Program.
- Must complete the application process.

For More Information

Select your camp name from the dropdown below to view your Camp Med Coordinator's contact information.

Select Your Camp Name Here

Caldwell

Camp Med 2020 Application

IMPORTANT: Your completed Application and Letter of Interest must be returned to your CTE Career Development Coordinator no later than 3/27/2020.

APPLICANT INFORMATION:

Applicant Name *

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First Name

Middle Initial

Last Name

Select Your Camp *

Caldwell / June 8-12, 2020

Permanent Mailing Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Phone #

Area Code Phone Number

Mobile Phone # *

Area Code Phone Number

Birth Date *

Month Day Year

Gender *

Race/Ethnicity *

For Camp Med data collection regarding health professions shortage purposes only. This information is a requirement of the US Department of Health and Human Services. It will not be criteria for selection into the program.

Social Media Usage (check all that apply):

- Snapchat
- Instagram
- TikTok

- Facebook
- WhatsApp
- Kik
-

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name *

First Name Last Name

Mailing Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Home Phone #

Area Code Phone Number

Mobile Phone # *

Area Code Phone Number

Work Phone #

Area Code Phone Number

STUDENT and PARENT/GUARDIAN COMMITMENT: We understand that students apply to attend Camp Med as an optional school activity. We understand that with acceptance, satisfactory behavior, conduct,

academic progress, and regular attendance is mandatory for continued participation in Camp Med. With that acceptance also comes the responsibility to maintain a mature, professional appearance. Due to contact with health care facilities and personnel, a higher standard of appearance is expected. We agree to abide by all school policies including the Camp Med policies.

SCHOOL VERIFICATION (2019 - 2020 SCHOOL YEAR):

Lab Coat Size (Adult Sizes) *

Name of School Currently Attending *

Current Grade Level *

School Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

School Phone # *

Area Code Phone Number

By signing below, I acknowledge that I meet the requirements of this program, and my parent/gaurdian is aware of and supports my decision to apply.
