



AHEC of a Summer

Have you thought about a career in Healthcare?
Would you like to find out if the healthcare field is for you?
Did you know there are hundreds of different careers in healthcare?

Check out the AHEC of a Summer Volunteer program!!!

What Is AHEC of a Summer?

The AHEC of a Summer Program gives high school students, who are interested in health careers, an opportunity to obtain first-hand experience in a healthcare facility.

Students take part in volunteer work at hospitals or health centers for 2 – 3 weeks where they will learn about health issues, patient care, job readiness skills, volunteer service, postsecondary education for healthcare professions, and more.

**Students may be eligible to receive ½ unit of elective credit.
Applications are available from your
school counselor!**

Space is extremely limited; apply now!





Follow These Tips For Filling Out Applications

- ✓ **Only use blue or black ink. Pink, purple, green, etc. are not acceptable. DO NOT write in pencil.**
- ✓ Do not change pens in the middle of an application. This looks unprofessional and doesn't flow.
- ✓ **Take your time. Give plenty of thought regarding what you want to say before you write it.**
- ✓ Don't fill out an application the last minute before a deadline.
- ✓ Type in your answers unless the instructions say to hand write them.
- ✓ When hand-writing an application, use your **BEST** penmanship.
- ✓ Make sure your handwriting is legible. If it is hard to read, then type it. Ask an adult to look at it to help you determine if you should type it.
- ✓ Read your answers **out loud** to yourself, then to someone else. Make sure that person will be honest with you about how it sounds.
- ✓ Always have at least one other person proof-read your document. It's a good idea to have that person be an adult who will be honest with you regarding mistakes or how it sounds, and will give you constructive criticism. (teacher, parent, etc.)
- ✓ Do not have your parents or others fill it out; there are always telltale signs that they did it.
- ✓ Don't draw pictures or dot the I's with circles or hearts. You're writing to a professional, not a BFF.
- ✓ Do not leave blank spaces—at least write N/A (not applicable).
- ✓ **Check your spelling. Spelling errors are UNACCEPTABLE!**
- ✓ Make sure to use correct forms of words. Grammar is so important! Sound smart!
- ✓ Do not write like you are sending a text message. Write words out, do not abbreviate.
- ✓ In essay answers, do not ramble. Be honest and tell the facts. Get to the point but sell yourself.
- ✓ When answering essay questions write it on another paper first, read it, proof it, then copy your answers onto the final draft. Again, have another person proof your final copy.
- ✓ When asked to tell something unique about yourself, be specific ...what makes you who you are? Tell about a talent, do you run marathons, speak 4 languages, have an interesting hobby, personally know a movie star? The question is prompting you to tell who you are. "I'm a people person" or "I like helping people" is **not** unique.
- ✓ Do not type an answer on another sheet then cut it and tape or glue it onto the application. It is better to type the questions and answers on a separate sheet if you choose, and then submit that sheet. If you choose to complete an application this way make sure to write after that question, *see attached*.
- ✓ Do not ask your parents to call or email about an application if you have questions. You need to do this because you are the one applying.
- ✓ Let your personality come through, while sounding professional!
- ✓ **DON'T FORGET TO SIGN IT!** Details matter.





2024 AHEC of a Summer

Health Careers Volunteer Program

Application for St. Landry Parish

DEADLINE: March 05, 2024 **Submit Application to:** Counselor

Note: In addition to on-line access, applications are being distributed in each parish by school system personnel.

Applications must be completely filled out by the student in black ink only. Student must legibly print or type.

Student's Legal Name: _____

Address: _____ School: _____

City, State, Zip: _____ Current year in school: 10 11

Home Phone: (_____) _____ Gender: Male Female

Date of Birth: _____ Current Age: _____

Student's Email Address: _____

Parent/Guardian Names _____

Parent/Guardian Addresses (if different from student's)

	<u>Mother</u>	<u>Father</u>
Parent/Guardian Work Phone	_____	_____
Parent/Guardian Home Phone	_____	_____
Parent/Guardian Cell Phone	_____	_____

Please note: HRSA requires that AHECs report data on race and ethnicity for federal statistics, program administrative reporting, and civil rights compliance.

Race (check those that apply)

- ____ American Indian or Alaska Native
- ____ Asian (Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)
- ____ Asian (Any Asian other than those listed above)
- ____ Black or African American
- ____ Native Hawaiian or Other Pacific Islander
- ____ Caucasian

Ethnicity (check one)

- ____ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)
- ____ Non-Hispanic

Please enter your Final Grade or Fall Semester grade for each of the science classes you have taken in high school:

Chemistry _____ Biology _____ General Science _____

Other science (Please list course name and grade) _____

Do you have reliable transportation to the program location? Yes _____ No _____

*Acceptance into the AHEC of a Summer program requires an enrollment fee of **\$30** and a commitment of approximately 70-90 total hours of weekday volunteer service at designated health care facilities between early June and mid-July. Volunteers do NOT receive wages or salary through the AHEC of a Summer program. Signing this application is an indication of your availability and commitment to participate in ALL scheduled AHEC of a Summer days and activities. **Money should NOT be sent with this application.**

Applicant signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Return the completed application to the person designated below:

Name **School or facility name – person's title**

Address

This program is a cooperative service of the Southwest Louisiana Area Health Education Center, parish school boards, local hospitals, clinics, and other health care facilities and offices.

From time to time, students will be contacted by Southwest Louisiana AHEC as a follow-up to this experience.

Attached at the end of this application are instructions for Letters of Reference. Please give one to each of the people providing a letter. Be sure to fill in your name and school on the top of each page. Letters are to be returned to your school counselor or sent directly to the AHOS Teacher for your location.

AHOS Teacher's Name: Gina Readore

Email Address: GREADORE@slpsb.org

How did you learn about the AHEC of a Summer Health Careers Volunteer Program?

Are any members of your immediate family employed in a health care profession?

Yes _____ No _____ If yes, what profession? _____

Are you considering a career in health care? Yes _____ No _____ Undecided _____

If yes, what would you like to do? _____

Have you ever worked in a health care facility as a volunteer or employee? Yes _____ No _____

If yes, where, when, and what was your job? _____

If you had a choice, which hospital department would you be most interested in and why? (Circle your choice)

Dietary Laboratory Emergency Room Occupational Therapy Nursing

Radiology Respiratory Therapy Physical Therapy Health Information Management

Other _____

ESSAYS: You must write or type a minimum of eight-ten complete sentences for each of the following essay questions to be accepted into the program. You may type the essays and attach the printout to the application if you prefer.

1. Why do you wish to participate in the AHEC of a Summer Program, and what do you hope to gain from the experience?

**2. Have you ever participated in any volunteer, extracurricular, or community activities?
Describe your experiences, and tell us what you learned from participating.**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

AHEC of a Summer

Uniform Order Form

Parents/Guardians of Applicant:

Please be mindful of the Uniform Size Information Note. Once ordered there will be NO EXCHANGES or RETURNS. If applicant is accepted into the program, the uniform MUST contain SWLAHEC's printed logo on the scrub top.

Uniform Size Information Note: These are in unisex sizes, please choose accordingly. Keep in mind the uniform should be loose fitting. It is better to order a little too large than too small. The scrubs come in sets. We cannot make exchanges, or mix top and bottom sizes.

Size	XS	S	M	LG	XL	2X	3X	4X	5X
Bust/chest	35-36	37-39	40-43	44-47	48-50	51-53	54-57	58-60	61-64
Waist	26-27	28-31	32-34	35-38	39-41	42-45	46-49	50-53	54-57
Hip	37-38	39-41	42-45	46-48	49-52	53-56	57-59	60-63	64-67

What size scrub set would you like? _____

* Please note that sizes 4X & 5X will require an additional \$10 fee*

Would you like to order an additional set of scrubs? Yes or No

One set will be provided at no charge to you.

A second set is recommended as scrubs must be cleaned daily.

Cost: \$14.00/set for additional sets plus additional \$10 for sizes 4X & 5X (do not include money with this application)

I have read and understand the Uniform Ordering Process. I acknowledge that once I submit this form to the school I cannot request a change in size. This includes all extra scrub sets ordered on this form. I am aware that the applicant MUST wear the ordered scrubs and no other to participate in this program. Failure to follow rules can result in dismissal from the AHEC of a Summer Program.

Parent Signature: _____

Date: _____

Applicant Signature: _____

Date: _____

Southwest Louisiana Area Health Education Center

AHEC of a SUMMER Student Volunteer Program

Teacher Recommendation Form

Applicant Name: _____ Current School: _____

Teacher Name: _____ Subject: _____

The above named student has applied to the 2022 AHEC of a SUMMER volunteer program and has been asked to submit this form for reference. This is an amazing opportunity for the applicant to experience Health Care Careers.

Please complete this recommendation form and return **ASAP** to:

Counselor

The completed applications must be received by the Selection Committee no later than **March 05, 2024**.

These forms are confidential and will not be shared with the applicant. Your open and honest communication is **critical** as we are placing these students in local hospitals to work with professionals.

Please check one	Excellent	Good	Fair	Poor
Punctuality				
Timely Completion of Assignments				
Class Participation				
Social Relationship with Peers				
Ability to Work in Groups				
Initiative				
Stays on Tasks				
Character (Honesty, Attitude, etc.)				
Relationship with Adults				
Respect for Authority				
Discipline/Behavior in Class				

Overall Recommendation: Please select only one.

Highly Recommended _____

Recommend _____

Recommend with Reservations _____

Do NOT Recommend _____

Please take a moment to comment on your personal experience with the applicant as it will be used in the selection process. You may continue on the back of this form if additional space is needed.

Teacher Signature: _____ Date: _____

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