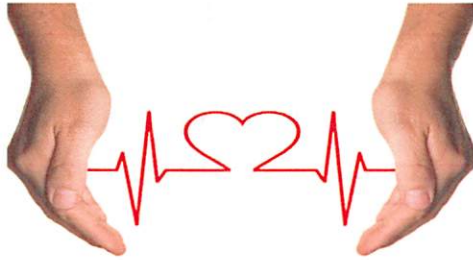


A-HEC OF A SUMMER 2022

Health Careers Volunteer Exploration Program



The A-HEC of a Summer Program takes place during the month of June/July. Program activities are usually held 5 days a week (Monday –Friday) for 3 weeks. Each program site varies.

The A-HEC of a Summer Program is a program for HS 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 packets must be submitted by March 4, 2022

- High school 9th – 11th grade students, with a cumulative 2.0 GPA may apply.
- This program requires a commitment of approx. 100 hours as a health care volunteer.

PARTICIPANTS MUST ATTEND ALL SCHEDULED 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 (250 words or less TYPED)

MAIL OR UPLOAD COMPLETED APPLICATION PACKETS TO APPLICATIONS@BNAHEC.ORG



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

A-HEC OF A SUMMER 2022

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED IN ORDER TO BE CONSIDERED

Last 4 Digits of 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 #: (____) _____ - _____

PROGRAM RESTRICTIONS AND WAIVER

**** Due to the potential risk of harm to the unborn fetus, pregnant females will NOT be allowed to participate. ****
****If you have COVID symptoms, as outlined by the CDC, before or during the program, you will NOT be allowed to participate. Please notify the BNAHEC Office 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 or July. **Volunteers do NOT receive wages or salary through the "A-HEC of a Summer" program.** Volunteers will receive 1/2 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.

Student Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____