

Dear parent/guardian of applicant,

We are excited that your student is interested in participating in McLane Children's Health Sciences Summer Camp.

This is a great opportunity for students considering a career in health sciences to get a "behind the scenes" look at pediatric healthcare. Students accepted to the camp will participate in a variety of classroom simulations, learning specific introductory competencies for a variety of healthcare career fields. Students will also be assigned to a unit or clinic where they will shadow a healthcare professional, seeing healthcare applied first hand. Our program has two possible sessions. Each session is 5 days in length, starting promptly at 9:00am and ending at 4:00pm. Students in the camp are expected to complete all 5 days. This packet includes the following:

- Health Sciences Summer Camp Application
- Reference Forms (x2)
 - Your student is required to get 2 references – these references cannot be parents. They should be teachers, coaches, youth group leaders, etc.
- Parental Consents
 - **Medical Consent Form:** all students must consent to a TB test, as this is required for anyone who will be working/volunteering/shadowing in a medical setting; and submission of a urine sample for a drug/nicotine screening.
 - An up-to-date immunization record must be submitted with application.
 - **Health Sciences Summer Camp Consent Form:** this is a form that you and your student will review together and sign. Your student agrees to adhere to the program standards and you agree to allow him/her to participate.
- Student Personal Essay (be sure essay includes student's full name)

Each student is expected to provide an essay, including the following topics:

 - Describe your career interests and how you would benefit from attending the Health Sciences Summer Camp (200-250 words)
 - What would you consider your most important achievement and why? (max. 200 words)
 - Why should you be selected to attend the Health Sciences Summer Camp? (max. 100 words)

All students may only select one session. Students MUST attend all 5 days and for the entire time each day. Students & one parent/guardian MUST attend an orientation prior to the start of the program. All information on dates and times is noted on page 3 of the application packet.

Applications will close when 150 applications have been received. Only the first 150 applications will be reviewed. The application, essay, up-to-date immunization record and consents must be returned by scanning and emailing to: Lisa.Gingerich@BSWHealth.org. Completion of the application packet does not guarantee admission to the program, as spaces are limited.

Lastly, all students will be notified of acceptance via EMAIL on **Tuesday, April 30, 2019**.

Respectfully,

~Volunteer Services Department





Health Sciences Summer Camp Application

Please complete this application if you are interested in participating in the Health Sciences Summer Camp at Baylor Scott & White McLane Children's Medical Center.

Student Contact Information

First Name: _____

Last Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email

Email is the preferred method of contact with the students. Please provide an email that you will have access to year round, as communication will occur during the school year and in the summer months. We do not share this information and will never send advertisements or solicitations of any kind.

Email Address: _____

Demographics

Gender: Female _____ Male _____

Date of Birth: Month _____ Day _____ Year _____

Grade Level: Check what grade you are in **THIS** school year **

____ 10th / ____ 11th ** Camp is reserved for current Sophomores/Juniors

Have you or your parents been involved in healthcare legal action in the past four years? Yes or No (circle one)

If yes, please explain: _____

Camp Session Preference

Please select which session you are interested in:

Session 1

Orientation: June 21

Time: 2:30pm – 4:30pm

Session Dates: June 24 – June 28

Times: 9am – 4pm

Session 2

Orientation: July 23

Time: 2:30pm – 4:30pm

Program Dates: July 29 – August 2

Times: 9am – 4pm

Unit/Clinic Selection

Students will be assigned to a unit/clinic for the 5 days of camp. This will provide students the opportunity to shadow a healthcare professional and observe healthcare being applied first-hand. Please choose your top 3 preferred areas, however, your selection is not guaranteed; rather, it is taken into consideration when scheduling.

In-patient Units: ☐ Medical-Surgical ☐ Neonatal Intensive Care ☐ Emergency Medicine

Allied Health: ☐ Sterile Processing ☐ Radiology ☐ Respiratory

☐ Physical/Occupational Therapy

Clinics: ☐ Endocrinology ☐ Pulmonary ☐ Hematology/Oncology

☐ Gastroenterology ☐ General Pediatrics

Other Volunteer Experience

List any volunteer experience you have had:

Emergency Contact

In the event of an emergency who should we notify?

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Relationship to you: _____

References

Your references are asked to complete the reference forms included in the application packet. Completed reference forms are to be submitted by the person providing the reference via email noted on form.

Reference 1

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Relationship: _____

Reference 2

First Name: _____

Last Name: _____

Address: _____

Phone: _____

Relationship: _____

Shirt Size (Circle One)

Each participant will receive a Health Sciences Summer Camp t-shirt that is to be worn throughout the week.

Select your Size: Small Medium Large XL XXL XXXL

Student Agreement

I affirm that the information I have provided is true *and* correct to the best of my knowledge. I agree to conform to the Baylor Scott & White McLane Children's Medical Center *and* the Volunteer Services rules *and* regulations. I also agree to respect the confidential nature of hospital information as well as information obtained as a result of personal contacts with patients. I also agree to participate in orientation and training and understand that I will not be paid for my services as a student of the Health Sciences Summer Camp. I understand that the student relationship is for the assigned program time frame and may be terminated at any time for any reason by the Manager of Volunteer Services at Baylor Scott & White McLane Children's Medical Center.

I Agree

I understand and agree that submitting this application form does not automatically accept me into the program, *and* that there may be certain qualifications I must meet, including, but not limited to the acceptance of established Health Sciences Summer Camp policies and procedures, and completion of orientation, before I may begin the camp.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

_____ I Agree

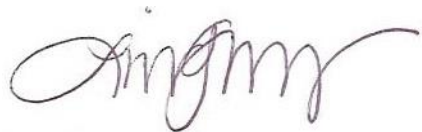
Signature

Date

Thank you very much for your interest in 2019 Health Sciences Summer Camp, hosted by Baylor Scott & White McLane Children's Medical Center. We appreciate your time and commitment to our mission of serving children and their families here in Central Texas.

All accepted applicants will be notified via email on April 30, 2019.

Respectfully,



Lisa M. Gingerich, MBA
Manager, Volunteer Services
McLane Children's Medical Center
1901 SW HK Dodgen Loop
Temple, TX 76502
E-mail: Lisa.Gingerich@BSWHealth.org
Phone: (254) 935-4265





Baylor Scott & White McLane Children's Medical Center Health Sciences Summer Camp Reference

NOTE: This form must be completed by a TEACHER, COUNSELOR, or a CHURCH LEADER. It must NOT be completed by a friend or family member.

McLane Children's Health Sciences Summer Camp is designed to give high school students the opportunity to gain hands-on experience in a healthcare environment. The camp is offered to current Sophomores and Juniors who are enrolled in the Health Sciences curriculum in their school. In order to assess their ability to handle this unique experience as well as to properly place each camper, your support in providing a reference would be instrumental. Thank you very much for your support.

Name of applicant: _____

Reference name: _____

Phone Number: _____

Email Address: _____

Your relationship to the applicant: _____

____ I recommend _____ for acceptance into the Health Sciences Summer Camp at McLane Children's Medical Center.

____ I DO NOT recommend _____ for acceptance into the Health Sciences Summer Camp at McLane Children's Medical Center.

How long have you known this applicant? _____

Please use a scale of 1 to 5 to rate this applicant, using 5 as superior, 3 as acceptable and 1 as below average for this age and development.

_____ Generally possesses a positive and enthusiastic attitude

_____ Willingly accepts a challenge

_____ Is pleasant and receptive to constructive criticism

_____ Respects and abides by rules and expectations

_____ Meets people with openness and interest

_____ Has the ability to receive and carry out instructions

_____ Presents a clean and neat personal appearance

_____ Has no disciplinary issues

_____ Is socially mature for his/her age

Comments:

Signature

Date

Your feedback is confidential and will **NOT** be shared with the student.

Please do **NOT** return this form to the student applicant.

Please scan and email this form to: Lisa.Gingerich@BSWHealth.org



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**Baylor Scott & White McLane Children's Medical Center
Health Sciences Summer Camp
Medical Screening
Parental Consent**

I, _____, as a parent/guardian of _____,
(print name) (print name)

understand that Baylor Scott & White McLane Children's Medical Center is committed to the safety of our volunteers (including students), staff, and patients. In order to comply with Baylor Scott & White's regulatory requirements, I agree that my child can participate in a medical screening offered through the Baylor Scott & White Employee Health Office, located at Baylor Scott & White Medical Center, Temple, TX. The medical screening includes: TB testing; submission of a urine sample for drug/nicotine screening; and receipt of a flu shot (flu season only). I understand that my child must return to the Baylor Scott & White Medical Center Employee Health Office for reading of the TB test within two days after the test (schedule will be verified with nurse at Employee Health).

Applicant Name

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



Baylor Scott & White McLane Children's Medical Center Health Sciences Summer Camp Agreement

I, _____ (name of Applicant), as a participant in the Health Sciences Summer Camp, have read all the information and hereby pledge to abide by the rules and regulations set forth by McLane Children's Hospital Medical Center under the auspices of the Volunteer Services Department.

Applicant Signature

Date

I, _____ as a parent/guardian, have read all the information in this packet and hereby give my permission for my child to participate as a participant in the Health Sciences Summer Camp at Baylor Scott & White McLane Children's Medical Center.

Parent/Guardian Signature

Date