



CAREERS and MEDICAL PROFESSIONS

STUDENT APPLICATION FORM – Please print legibly.

Last Name				First Name				Middle Initial		Preferred Name	
Mailing Address								CAMP program (circle one)		T-Shirt Size (Adult)	
								Searcy		Newport	
City				ZIP		Home Phone				Cell Phone	
Sex		Age (years)		E-mail Address							
Name of School						School Address					
Grade Point Average				Graduation Date				When did you take a biology class?			
Name of Parents/Guardians						Daytime Phone Numbers of Parents/Guardians					
Daytime Emergency Contact Name						Daytime Emergency Contact Phone Number					
Daytime Emergency Contact Relationship to Student						Grade Student is Entering for Next School Year					

PERSONAL ESSAY: On a separate sheet of paper, write a short essay (100-150 words) about why you would like to participate in the CAMP program at Unity Health.

List significant school-related honors, projects, awards, and accomplishments.	List significant non-school related involvement and achievements.	List any jobs you have worked.

Student Acceptance Statement

I agree to be committed to the CAMP program, to adhere to its policies, and to respect the hospital and its patients and visitors. I will do everything I can to protect the privacy of others while at Unity Health. I will abide by the CAMP rules and policies. I agree to attend for the full length of the program. I understand that transportation to and from each daily session is my responsibility.

Student's Signature: _____

Date: _____

Parent/Guardian Permission Statements

(Please initial each statement and then sign and date the bottom line)

Required for Participation in CAMP:

_____ *Initial*

I hereby grant permission for my child to apply to this program and for school officials to report my child's achievement and grades. I understand that if my child is accepted, I will be responsible for his/her daily transportation for the program. I understand that I, not Unity Health, am responsible for any medical treatment necessary for my child during CAMP.

Field Trip

_____ *Initial*

I grant permission for my child to travel to scheduled field trips as part of CAMP.

TB Skin Test

_____ *Initial*

I understand my child must have a current TB skin test administered and read no more than 30 days prior to the start date of CAMP. **Unity Health will offer TB skin tests free of charge, or you can submit test results from your personal care provider. More information about TB skin tests will be supplied at a CAMP info meeting for participating students.*

Optional Permissions – Leave blank if you do not grant permission:

Blood Draw

_____ *Initial*

I grant permission for a finger stick blood draw on my child for blood typing and fasting blood sugar for teaching purposes.

X-Rays

_____ *Initial*

I grant permission for my child to have x-rays made for radiological teaching purposes.

Parent/Guardian's Signature: _____

Date: _____

Please write Parent/Guardian name clearly: _____

CHECKLIST OF REQUIRED PAPERWORK

- 1. STUDENT APPLICATION FORM. Be sure you have completely filled out both pages.
- 2. Personal essay (100-150 words)
- 3. Copy of your most recent school transcript
- 4. Two letters of recommendations from people who know you. They cannot be relatives.
 - These letters should state how you would benefit from and be an asset to the CAMP program.

SUBMIT COMPLETED APPLICATION TO:

Searcy:

Delaney Vershum
Unity Health – Education Department
3214 E. Race Ave; Searcy, AR 72143
delaney.vershum@unity-health.org
Phone: 501-380-3381
Fax: 501-380-3384

Newport:

Michelle Foshee
Unity Health – Marketing
1205 McLain St; Newport, AR 72112
michelle.foshee@unity-health.org
Phone: 870-512-3081
Fax: 870-523-0375