



# CAREERS and MEDICAL PROFESSIONS

Unity Health: White County Medical Center in Searcy, AR

June 10-14, 2024

See end of application for directions to submit.

**STUDENT APPLICATION FORM – Please print legibly.**

Last Name		First Name		Middle Initial	Preferred Name
Mailing Address					T-Shirt Size (Adult)
City		ZIP	Cell Phone		
Sex	Age (years)	E-mail Address			
Name of School		Grade Point Average	Grade Entering	Graduation Date	
Parent/Guardian Info:					
Name		Email		Daytime Phone Number	
Do you already have a CPR certification? If so, when does it expire?					

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 Statements

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, and I will abide by HIPAA regulations.

I understand that transportation to and from each daily session is my responsibility.

I agree to attend for the full length of the program.

I understand that I may be removed from the program if I do not comply with Unity Health's policies and procedures.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent/Guardian Permission Statements

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

#### Required for submission of application:

\_\_\_\_\_ I hereby grant permission for my child to apply to this program and for school officials to report my child's  
*Initial* achievement and grades.

\_\_\_\_\_ I understand that if my child is accepted, I will be responsible for his/her daily transportation for the program.  
*Initial*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's name, printed clearly: \_\_\_\_\_

#### **Should your child be selected for the CAMP program, the following permissions will also be required.**

These will be addressed in an information meeting for participating students and their guardians, which will be held at Unity Health in mid to late May.

- Permission for your child to travel to scheduled field trips as part of CAMP.
- Permission to use your child's photograph for purposes of education or marketing related to the CAMP program.
- Acknowledging responsibility for any medical treatment necessary for your child during CAMP.
- TB Skin Test: Your child must submit proof of a current TB skin test administered and read no less than two weeks 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. Additional information will be shared in a meeting for selected students and their guardians before CAMP begins.*

**Open Response:** In the spaces below, please briefly respond to each question.

1. What areas of healthcare are you interested in?
2. What do you want to get out of CAMP?
3. How did you hear about CAMP?

**PERSONAL ESSAY:** In the space below, write a short essay (100-150 words) about why you would like to participate in the CAMP program at Unity Health.

#### ADDITIONAL REQUIRED PAPERWORK

In addition to this completed student application form, you must submit:

- Copy of your most recent school transcript.
- 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.

#### TO SUBMIT COMPLETED APPLICATION OR FOR QUESTIONS:

Unity Health – Education Department  
3214 E. Race Ave  
Searcy, AR 72143

[delaney.giles@unity-health.org](mailto:delaney.giles@unity-health.org)  
Phone: 501-380-3381  
Fax: 501-380-3384

**Applications are due by Monday, April 1, 2024.**