

## *Health Careers Exploration Experience* Application

*Please print legibly*

Name of applicant: \_\_\_\_\_ Grade fall 2019: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City/state/zip: \_\_\_\_\_

Gender: \_\_\_\_\_ High School: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Parents mailing address (if different) \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent's email: \_\_\_\_\_

Student's cell: \_\_\_\_\_ Parent's cell: \_\_\_\_\_

Work Experience:

Where	Type of work	Dates

Volunteer Experience:

Where	Type of work/activity	Dates

Other pertinent experiences/activities:

Where	Type of activity	Dates

Health related classes you have taken (CPR, 1st Aid, CNA, Anatomy, etc):

Class	Class	Class

**What specific experiences would you like to gain from this program, and why would they be valuable to you?**

**Are there professions in health you have particular interest in learning more about?**

**Application Essay: On a separate sheet of paper (to be compared to other students' essays) submit an essay on your educational and occupational interests and goals along with a description of your personal interests and achievements as well as any extraordinary factors that you think should be considered in allowing you to participate.**

There is no charge to participants in the program. All expenses including course materials, meals, dormitories, and transportation during the program will be covered by funding from the Ottumwa Regional Legacy Foundation.

Acceptance into the *Health Career Exploration Experience* requires a commitment of attendance at the week long program as an additional day. It is expected that students will stay overnight July 22-26 in the IHCC dorms as assigned. If a student is unable to do so they must submit a written request for a waiver of this requirement outlining why this is not possible for them. This waiver request must also be signed by the student's parent(s). The waiver request must be submitted no later than July 18th.

Students missing more than one full day will be unable to successfully complete the program. Any activities missed must be made up if/as possible. Students will complete the program based on a pass/fail basis, no letter grade will be given. Students satisfactorily completing all program activities will pass the course and receive the 3.0 semester credit hours of college credit.

*I certify that the information given in this application is true and correct.*

Student signature: \_\_\_\_\_ date: \_\_\_\_\_

*I am the parent of legal guardian of the child indicated above. I certify that the information given in this application is true and correct.*

*I give my permission for my child indicated above to apply for, and if accepted, participate in, the Health Careers Exploration Experience held July 22-26, 30, 2019. I understand this program may include local field trips and trips to area Universities.*

*I understand no medical coverage is provided by Indian Hills during this program. I understand that all medical expenses incurred should my child become ill or injured while at IHCC or on field trips and require medical treatment are my responsibility.*

*I give my permission for my child indicated above to receive emergency medical, dental or surgical care should it be necessary while my child is attending the Health Careers Exploration Experience.*

*I give permission for my child's photograph to be taken and used without compensation by Indian Hills Community College or the Ottumwa Regional Legacy Foundation for public relations purposes.*

*In consideration of participation in the Health Career Exploration Experience, I / We hereby agree to release from all liability, discharge and promise not to sue Indian Hills Community College and/or the Ottumwa Regional Legacy Foundation, its Board of Trustees, officers, employees, agents, assigns and volunteers, for any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorney's fees and costs) arising from such activities, including any accident or injury, including death, to the student and the costs of medical services.*

*In consideration of participation in the Health career Exploration Experience, I / We agree to indemnify and hold harmless the persons released and discharged from any loss, liability, damage, or cost that they may incur due to the presence of any claims or actions by me, my heirs, relatives, assigns, or personal representative, arising out of this program.*

Parent signature: \_\_\_\_\_ date: \_\_\_\_\_

Questions, please call 641-683-5337.

Please scan and email or mail this application with personal essay **by June 21 2019** to: [lori.reeves@indianhills.edu](mailto:lori.reeves@indianhills.edu) or Lori Reeves, Indian Hills Community College, 525 Grandview Ave., Ottumwa, IA 52501

Enrollment is limited and not all applicants may be accepted. Students will be notified either way via mail by July 8<sup>th</sup>.