



# STUDENT APPLICATION FORM

(PLEASE PRINT CLEARLY)

## STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Sex:        Male            Female

Please circle the job shadow site that would be most accessible to you:

Cobleskill      Cooperstown      Delhi      Herkimer      Little Falls      Oneonta      Sidney

## PREVIOUS CAMP EXPERIENCE:

Have you been to Health Career Camp in the past? (please circle one)            Yes            No

If yes, what is the name of the facility where you attended camp? \_\_\_\_\_

## EMERGENCY INFORMATION:

Emergency Contact (other than parent/guardian & does not live in same household as student):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phones – Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

*Please fill out additional information on the back of this form.*

CNYAHEC is required to report general demographic information about participants in the categories below. This data will be confidentially maintained and will only be referenced to evaluate the effectiveness of AHEC services and programs. ***This information will not be made available to any other agency.*** We appreciate your cooperation in the completion of this form.

Race/Ethnicity (Check one):

American Indian or Alaskan Native                       Hispanic or Latino  
 Asian: (Cambodia, Malaysia, Pakistan, Vietnam)       Native Hawaiian or other Pacific Islander  
 Asian: (China, Philippine, Japan, Korea, India, Thailand)  
 Black or African American                                       White

Does student receive, or is student eligible to receive, free or reduced-price lunches at school?  
Yes                      No

What is the educational level of student's parents/guardians? (Check one for each parent/guardian)

Mother:

less than high school diploma     high school diploma or GED     some college (but no degree)  
 2-year college degree     4-year college degree     graduate college degree

Father:

less than high school diploma     high school diploma or GED     some college (but no degree)  
 2-year college degree     4-year college degree     graduate college degree

**PARENT/GUARDIAN CONSENT:**

I give my son/daughter/dependent, \_\_\_\_\_, permission to apply and participate (*if selected*) in all aspects of the Medical Technology Job Shadow, including transportation, meals, tours, all hands-on activities, and media opportunities. Media opportunities may include: media releases (print, radio, internet/website, or television), display boards, brochures, newsletters, and any other promotional/educational materials highlighting the Medical Technology Job Shadow. By signing this consent form, I acknowledge that my son/daughter/dependent is: (1) the original author of his/her essay and (2) required to submit a registration and health form *if selected* (this will likely require a visit to a health care provider for a physical and/or TB test). I will be responsible for assuring that my son/daughter/dependent attends all days of the job shadow, is transported to/from facility on time, and behaves in an appropriate manner during the job shadow experience. I understand that my son/daughter/dependent will be excused from the job shadow experience if there are any behavior problems that cannot be managed by the supervising staff, or if my child is sick. I acknowledge I am responsible for any personal health care costs incurred as a result of my son/daughter/dependent participating in this program. I understand that the information I have provided will be maintained confidentially and used for program monitoring and evaluation purposes only. I attest to the accuracy of the information that I have given.

Parent/Guardian Name (please print): \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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Mail, E-mail, or Fax completed application (with essay) to:  
Samantha Polnak, CNY AHEC, 17 Main St. Suite 237, Cortland, NY 13045  
e-mail: info@cnyahec.org                      phone: 607.756.1090                      fax: 607.756.1092

Questions? E-mail or call Samantha at the information above.

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**\*\*\*Please also complete the essay below \*\*\***

## **STUDENT ESSAY & QUESTION FORM**

**Student Name (please print):** \_\_\_\_\_

To be considered for the Medical Technology Job Shadow Experience, each student applicant is required to respond to the statement written below in an original, thoughtful essay. This essay form must be used and the essay must be neatly handwritten. The student's signature is required at the bottom of the page.

**I want to participate in the Medical Technology Job Shadow Experience because...**

**How interested are you in pursuing a career in Medical Technology?**

**Is there a specific career that you are currently interested in, if yes, what?**

**How likely are you to work in the Bassett Healthcare Network in the future?**

By signing this Student Essay Form, I acknowledge that I am the original author of this essay.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_