

# A-HEC OF A SUMMER

**ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED IN ORDER TO BE CONSIDERED**

Last 4 Digits of Social Security# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender : ☐ Male ☐ Female

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity: ☐ Afr. American ☐ Am. Indian ☐ Asian ☐ Caucasian (White) ☐ Hispanic ☐ Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Home Parish: \_\_\_\_\_ Home Phone : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parents Name: \_\_\_\_\_

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Cumulative GPA (must be at least a 2.0): \_\_\_\_\_ Have you applied for this program before: ☐ Yes ☐ No

Have you participated in and completed any of the following programs (NOT applying for currently):

☐ Day with the Doctors ☐ Day with AHEC ☐ M\*A\*S\*H

List any health careers you are currently interested in: \_\_\_\_\_

Scrub Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

## MEDICAL INFORMATION:

Please list any medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication for the corresponding medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the student have an allergy to latex: ☐ Yes ☐ No Does the student have any dietary restrictions: ☐ Yes ☐ No

Does the student require special assistance: ☐ Yes ☐ No Explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **PROGRAM RESTRICTIONS AND WAIVER**

**\*\* Due to the potential risk of harm to the unborn fetus, pregnant females will NOT be allowed to participate.**  
**\*\*If you have COVID symptoms, as outlined by the CDC, before or during the program, you will NOT be allowed to participate. Please notify the BNAHEC Office immediately.**

Acceptance into the "AHEC of a Summer" program requires a commitment of approximately 105 total hours of weekday volunteer service at the host medical facility during the month of June or July. **Volunteers do NOT receive wages or salary through the "A-HEC of a Summer" program.** Volunteers will receive 1/2 unit of high school credit upon satisfactory completion of the program. Signing this application is an indication of your availability and commitment to participate in ALL scheduled "AHEC of a Summer" activities.

Student Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# A-HEC OF A SUMMER

## Health Careers Volunteer Exploration Program



The A-HEC of a Summer Program takes place during the month of June/July. Program activities are usually held 5 days a week (Monday –Friday) for 3 weeks. Each program site varies.

The A-HEC of a Summer Program is a program for HS students who are interested in pursuing a healthcare career. Students are given a chance to explore different career opportunities in medicine by volunteering at local hospitals.

A-HEC of a Summer provides dedicated students an insight into the various medical fields through observation and hands-on experience. While serving the community, students can earn 1/2 high school AHEC elective credit.



**Completed application packets must be submitted by March 1, 2025**

- High school 9th – 11th grade students, with a cumulative 2.0 GPA may apply.
- This program requires a commitment of approx. 100 hours as a health care volunteer.

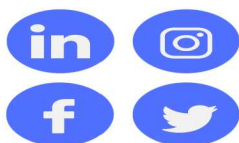
### **PARTICIPANTS MUST ATTEND ALL SCHEDULED ACTIVITIES!**

- If you are selected, you must furnish your own transportation to the program site.
- Student volunteers DO NOT receive a salary or wages through the program.
- Student volunteers must adhere to the medical facility dress code. Uniform items (scrub suit & name tag) will be provided.
- Most medical facility cafeterias provide lunch.
- **NO COST TO APPLY OR PARTICIPATE!**

### **Completed application packet MUST include:**

- Completed Bayou North AHEC application
- One letter of recommendation from your teacher, counselor, or high school principal
- Copy of your most recent transcript
- Personal essay explaining why you should be selected to participate and what you hope to gain (250 words or less TYPED)

**MAIL OR UPLOAD COMPLETED APPLICATION PACKETS TO [APPLICATIONS@BNAHEC.ORG](mailto:APPLICATIONS@BNAHEC.ORG)**



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