

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.

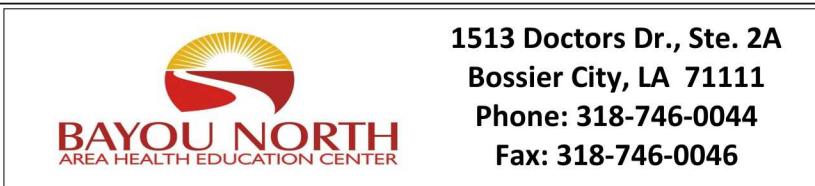
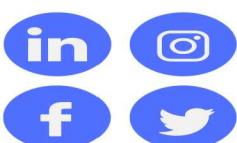
PARTICIPANTS MUST ATTEND ALL SCHEDULED ACTIVITIES!

- 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



1513 Doctors Dr., Ste. 2A
Bossier City, LA 71111
Phone: 318-746-0044
Fax: 318-746-0046