

Health Careers Observation Program

Student Application and Agreement

I. STUDENT SECTION:

I _____ will:
Name of Student

1. Provide my own transportation to and from my observation site.
2. Follow the guidelines established for the observation program.
3. Respect the confidentiality of my mentor’s business, clients, accounts or any other information to which I have access during this experience.
4. Conduct myself in a professional business manor.
5. Arrive at the observation site on time.
6. Dress appropriately – see Observation Program FYI.
7. Complete regularly scheduled work as required by mentor, advisor and/or SWAHEC advisor.
8. Notify observation site and SWAHEC office if you are not able to attend as scheduled.
9. Keep a journal of my experiences and have discussions with my mentor and advisor as required.
10. Report time spent in observation activities to SWAHEC by the first day of every month.

Name: _____

Mailing Address: _____

City: _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____

School: _____ **Grade Level:** _____

Sex: *Male* or *Female* **Date of Birth:** _____

Social Security # (or last 4) _____

Ethnicity (Circle One):

African American Asian Caucasian Hispanic Native American Pacific Islander Other

Career Choices
<i>List discipline or profession</i>
First Choice _____
Second Choice _____
Third Choice _____

Signature of Participant

Date

- ___ Copy of childhood immunization record
- ___ Letter of recommendation from teacher
- ___ Letter of intent attached

- ___ Copy of current TB test results
- ___ CU SWAHEC Orientation complete

II. CONSENT SECTION

I, _____, commit to participating in a minimum of 20 hours in the Health Careers Observation Program coordinated by Cameron University Southwest Oklahoma Area Health Education Center.

- I understand that transportation to and from the observation site is my responsibility.
- I understand that all reasonable precautions will be taken by those in charge to prevent injuries and illness and I further agree not to hold any persons responsible for such. I formally release Cameron University Southwest Oklahoma Area Health Education Center and the observation site from any and all possible liability while I am participating in the observation program.

Please list any health problems that may affect your attendance and/or performance in the observation program:

Further:

- I understand that the program is a service to me and that professional conduct on my behalf must be maintained at all times.
- I have discussed the terms, conditions and expectations with the Healthcare Careers Coordinator and agree to responsibilities mentioned inside this application packet and other related materials.

Cameron University Southwest Oklahoma Area Health Education Center may take photographs and videotape of observation activities. These pictures are used to promote the program, give recognition to the students and document program activities.

In order for you receive information on scholarships and other educational programs, it may be necessary for SWAHEC to disclose information with other institutions throughout the state regarding such as grade point average, career goals, educational preferences, etc. Any sharing of information will be used to promote your educational opportunities only.

I grant permission for Cameron University Southwest Oklahoma Area Health Education Center to use my photo/video and personal program participation information, hereby releasing them of any liability or obligation.

I have read the above statement(s) and release all acting institutions of liability for my participation in the Cameron University Southwest Area Health Education Center's Health Careers Observation Program. Further, I accept full responsibility for my actions. By signing below, I am agreeing to comply with the objectives, obligations and requirements of the program.

Signature of Participant

Date