

HEALTH CAREERS CAMP

9 4 4



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Deadline: May 10, 2024 • Cost: \$100

INFORMATION ABOUT YOU

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Birthdate: _____ Present Age: _____ Sex: ☐ Male ☐ Female

INFORMATION ABOUT YOUR PARENTS OR GUARDIANS

Name(s) of Parent(s) or Guardian: (1) _____ (2) _____

Daytime Phone Number(s): (1) _____ (2) _____

Evening Phone Number(s): (1) _____ (2) _____

EDUCATIONAL INFORMATION

Name of School Currently Attending: _____ City: _____ State: _____ Zip: _____

GPA: _____ Grade you will enter in the Fall of 2024: ☐ 11th ☐ 12th Graduation Year: _____

YOUR INTERESTS

(Check all that apply)

- | | |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Family member is healthcare professional | <input type="checkbox"/> Get a job (do not check this if you are just planning to work for the summer) |
| <input type="checkbox"/> Someone I admire is a healthcare professional | <input type="checkbox"/> Go to a 2 Year College |
| <input type="checkbox"/> Inspired by a TV program, movie or book
(please name _____) | <input type="checkbox"/> Go to a 4 Year College or University |
| <input type="checkbox"/> Inspired by a particular class
(please name class _____) | <input type="checkbox"/> Undecided, need help figuring out how to make my career interests a reality |
| <input type="checkbox"/> Inspired by a personal experience with healthcare or illness | <input type="checkbox"/> Enlist in the Armed Forces |
| <input type="checkbox"/> Inspired by teacher or guidance counselor | |
| <input type="checkbox"/> Other | |
| | |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Dietician | <input type="checkbox"/> Radiology Technician |
| <input type="checkbox"/> Health Administrator | <input type="checkbox"/> Speech Therapist |
| <input type="checkbox"/> Lab Tech/Med Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Public Health Worker |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Research Scientist |
| <input type="checkbox"/> Psychologist/Mental Health Worker | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pharmacist | |
| | |
| <input type="checkbox"/> More info about a specific career (please name) _____ | |
| <input type="checkbox"/> Info about different types of Health careers | |
| <input type="checkbox"/> How to prepare for pursuing a healthcare field | |
| <input type="checkbox"/> Help deciding what I want to do | |
| <input type="checkbox"/> Chance to meet people with similar interests | |
| <input type="checkbox"/> Chance to make contacts for the future | |
| <input type="checkbox"/> Experience a college environment | |
| <input type="checkbox"/> An "edge" when applying for jobs, schools, or volunteer activities | |
| <input type="checkbox"/> Hands on experience | |
| <input type="checkbox"/> Exposure to the hospital environment | |
| <input type="checkbox"/> FUN! | |
| <input type="checkbox"/> Other _____ | |

OTHER INFORMATION

- ☐ Job shadowing in a healthcare setting
 - ☐ Worked in a hospital, clinic, or nursing home (paid or unpaid)
 - ☐ Interviewed a healthcare professional
 - ☐ Attended a healthcare careers presentation
 - ☐ Attended another healthcare careers camp
 - ☐ Attended a Scrubs Camp in South Dakota
- If yes, where? _____
- ☐ Other (Please describe) _____

Briefly describe above experience: _____

- ☐ American Indian
- ☐ Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Mixed Race

- ☐ Friend
- ☐ Teacher or Guidance Counselor
- ☐ Parent
- ☐ Newspaper
- ☐ Health Professional

[illegible]

PERMISSIONS AND SIGNATURES