

# HEALTH CAREERS CAMP

9 4 4



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<br>(please name _____) | <input type="checkbox"/> Go to a 4 Year College or University  |
| <input type="checkbox"/> Inspired by a particular class<br>(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 Hawaiin or Pacific Islander
- ☐ White
- ☐ Mixed Race

- ☐ Friend
- ☐ Teacher or Guidance Counselor
- ☐ Parent
- ☐ Newspaper
- ☐ Health Professional
- ☐ Online
- ☐ Other \_\_\_\_\_

PERMISSIONS AND SIGNATURES

_____		
_____	_____	_____
_____		
_____	_____	_____
_____		
_____	_____	_____