



**Champlain Valley Area Health Education Center
Health Careers Exploration
2010 Shadow Day Program
at Fletcher Allen Health Care
For Vermont's Chittenden County Students**

2010 SHADOW DAY INFORMATION SHEET

WHAT IS HEALTH CAREERS EXPLORATION SHADOW DAY?

A one-day educational program held at a local hospital that provides high school students, in grades 10-12, the opportunity to explore the health care field. Students will receive confidentiality and infection control training, one 2-3 hour job shadow, and interactive presentations by health care professionals and health profession students on health care topics or careers.

WHO SHOULD APPLY?

Vermont Chittenden County High School students who:

- Are currently in 10th- 12th grades
- Are available to attend the entire one day program (usually 7:15 a.m.-3:15 p.m.)
- Are interested in exploring a few different health care careers and health topics
- Are interested in strengthening skills and resources for career development
- Have not had a lot of exposure to the health care field in the past

PARTICIPANTS WILL:

- Develop comfort in a health care environment
- Be able to interact and connect with various health care professionals and students
- Gain the training needed to do a job shadow in the health care field
- Be given an in depth view of what it's like to be a health care professional through a job shadow experience
- Explore and strengthen skills and resources for health career development

DATE & LOCATION

- Friday, April 30, 2010 at Fletcher Allen Health Care, Burlington, VT

COST

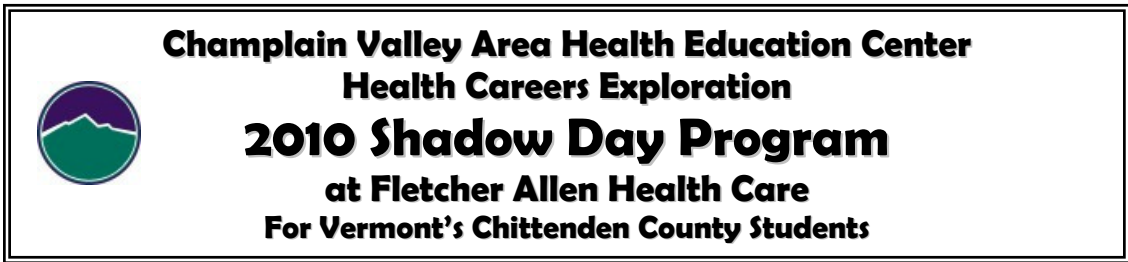
- Free (lunch and snacks are provided)
- Students are responsible for transportation to and from the program (there may be a fee to park in the hospital parking garage)

ADMISSION TO THE PROGRAM

- For admission in to a Health Careers Exploration Shadow Day Program, students must submit an application and one recommendation form completed by a professional in the student's school that knows them well. The application and recommendation are due **by March 16, 2010**. Applications received after the deadline will not be considered.
- Program staff at Champlain Valley AHEC will review the applications and choose the students best suited for the program. Letters regarding applicant's acceptance into the program will be mailed by March 26, 2010.

SPONSORING ORGANIZATIONS

Champlain Valley AHEC in partnership with Fletcher Allen Health Care, the Freeman Medical Scholars Program, the Health Resources and Services Administration (HRSA), the University of Vermont (UVM), the UVM Office of Primary Care and AHEC Program, the Vermont Department of Health, and the Vermont Student Assistance Corporation (VSAC).



SHADOW DAY APPLICATION INSTRUCTIONS

Follow the steps below to complete the application process:

1. REVIEW PROGRAM INFORMATION.

Make sure you are aware of the program date and location as you are responsible for transportation to and from the program and must be able to attend the entire program. If you have any questions, contact Kylee Ryan, Champlain Valley AHEC Program Coordinator, at (802) 527-1474 x14 or by email at kryan@cvahec.org.

2. THE APPLICATION.

The application must be printed in blue or black ink or typed. All questions must be answered in order for the application to be complete. Answers will not only be used to help select participants, but also in creating the Shadow Day Program so that it is informative and interesting to all selected participants. It is important to read the questions and thoughtfully and completely answer them. Additional paper can be used, if needed. A parent or guardian must complete and sign his/her portion.

3. RECOMMENDATION FORM (1).

One recommendation form must be completed by a school professional that knows you well (guidance counselor, science or math teacher, etc.). The school professional should mail the completed recommendation form to Champlain Valley AHEC before March 16, 2010.

4. MAIL YOUR COMPLETED APPLICATION TO:

Champlain Valley AHEC
Attn: Shadow Day Program
152 Fairfield St
St. Albans, VT 05478

Applications and the recommendation forms must be
received by March 16, 2010 to be considered.
Space is limited!!

CHECKLIST FOR APPLICATION COMPLETION:

- Completed application (printed in blue or black ink or typed)
- Two signatures (a Parent/Guardian & yours) and date
- One completed recommendation form sent by the school professional

Letters regarding applicant's acceptance into the program will be mailed by March 26, 2010.



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**April 30, 2010 Shadow Day Program
at Fletcher Allen Health Care
Application**

(Application Deadline-March 16, 2010)

Please print your answers in ink (blue/black) or type. If needed, you may use additional paper to complete your answers.

First & Last Name _____ Female Male

Address _____ City _____ State _____ Zip _____

County Chittenden Other: _____ Age _____

Day Phone Number _____ Evening Phone Number _____ Other _____

E-mail _____ Confirm E-mail _____

School Name _____ Current grade 10 11 12 Graduation year _____

Guidance Counselor _____ Parent/Guardian Name(s) _____

Are you a VSAC Outreach Program Participant? Yes No

VSAC Counselor's Name _____

Do you qualify for Free/Reduced Lunch? Yes No


Will you be a 1st generation college student (neither of your parents attended college)? Yes No

Mother's/Guardian's Employer & Job title _____

Father's/Guardian's Employer & Job title _____

Have you attended or applied for a Shadow Day or MedQuest Program in the past? Yes No

If yes, when or which one? _____



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Print in ink (blue/black) or type. Use additional paper, if necessary.

- 1) Why do you want to participate in the Shadow Day Program? Describe at least one thing you hope to gain from this experience.

- 2) Why are you interested in health careers?

- 3) What experiences have you had with health careers (other programs you've attended, research projects, family members in the field, technical/career center programs, etc)?

- 4) What health careers interest? List at least three (3) health careers you are interested in learning more about (possibly through a job shadow or presentation) **and why**.
 - 1.

 - 2.

 - 3.

- 5) What is your GPA or average in school? Is your GPA or average a reflection of your desire to learn?

- 6) What do you do outside of school (extracurricular activities, hobbies, personal interests, family responsibilities, job, etc)?

- 7) What are your plans or goals after high school? Is there any information you could use to help make future college or career decisions?



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TO BE COMPLETED BY APPLICANT:

What is the name of the school professional that will be completing your letter of recommendation?

I)

Did you complete this application on your own Yes No

If no, who helped you and why?

During the Health Careers Exploration Shadow Day Program you will need to wear a scrub top, which will be provided for you. They are unisex and come in XS, S, M, L, XL, XXL, XXXL. What size do you need?

I will you be driving myself to and from the program and will need to be able to park my car at the hospital:

Yes No

I, _____ certify that the information given in this application is
(Print Name)

true and correct. I have used blue or black ink or typed the application and I've proofread for accuracy and completeness, for I realize that applications are accepted only when complete.

Signature: _____ **Date:** _____

Letters regarding your acceptance into the program will be mailed by March 26, 2010.

TO BE COMPLETED BY PARENT/GUARDIAN OF APPLICANT:


I, _____ have read the information about the Shadow Day Program that
(Print Name)

my child is applying for and I do give permission for _____
(Print Child's Name)

to participate, if selected. I understand that it is my child's responsibility to get transportation to and from the event.

Signature: _____ **Date:** _____

(Parent/Guardian Signature)



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RECOMMENDATION FORM (2 pages)
Please Print or Type

Return this form to Champlain Valley AHEC, 152 Fairfield Street, St. Albans, VT 05478. This form is needed for the student's application to be considered complete and must be received by **March 16, 2010**.

You have been selected as a reference by a student who is completing an application to participate in Champlain Valley AHEC's Health Careers Exploration Shadow Day Program. This is a one-day program held at a local hospital for students interested in exploring health careers. Students will receive the training necessary to do a job shadow in the health care field, participate in one 3 hour job shadow, and receive presentations from health care professionals, college students, and a college admission professional. Your assessment of this student is very important to us as it will help us evaluate if this student is suitable for the Shadow Day Program. Space is limited in this program.

Student's Name: _____ High School: _____

Your Name & Relationship w/student: _____

Please check **ALL** that apply to this student:

His/Her Social Skills:

- Interacts and communicates with adults in a respectful manner
- Is "shy" or "quiet", but does communicate well with others
- Has difficulty communicating in new settings/environments
- Has many friends with different interests and/or interacts well with peers
- Interacts with one group of peers and rarely interacts outside that group

His/Her Motivation:

- Is self-motivated and engaging
- Is open-minded and gets excited about learning new things
- Is only interested in learning about specific topics, has his/her own agenda
- Works hard

His/Her Personality & Skills:

- Is a leader
- Is a follower, but one that works hard to complete the task at hand
- Is able to identify and make good choices (in and outside of school)
- Good communicator (orally and written)
- Able to sit through presentations that may or may not be of interest
- Upbeat, positive attitude
- Is struggling with some difficulties in life right now
- Is a responsible, considerate, mature young adult

Has this student had opportunities to explore health care careers, post secondary schools or other aspects related to his/her future?



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RECOMMENDATION FORM (continued)

Do you feel this student has the maturity and skills to interact appropriately and professionally in a health care setting, with patients and professionals? Please explain:

Student's strengths as you see them:

Student's challenges as you see them:

Please state your overall impression of this student and/or additional comments (Do you have any concerns about this student?):

Reference's Signature: _____ Date: _____

May we contact you for follow-up questions? Yes ____ No ____

Best way to contact you: _____
(Please Print)

If there are any questions or concerns about this student, contact Kylee Ryan, Champlain Valley AHEC Program Coordinator, at (802) 527-1474 x14 or by e-mail at kryan@cvahec.org.
Thank you!