



**Champlaine Valley Area Health Education Center**  
**Health Careers Exploration**  
**2012 *Shadow Day* Program**  
**For Vermont's Chittenden County Students**

## **2012 SHADOW DAY INFORMATION SHEET**

### **WHAT IS HEALTH CARES EXPLORATION SHADOW DAY?**

*Shadow Day* is a one-day health careers exploration program in partnership with Fletcher Allen Health Care. *Shadow Day* offers an opportunity for high school students in grades 10 through 12 to develop comfort in the health care field, shadow a health care professional in his/her work setting (one 2-3 hour job shadow), and to explore, as well as strengthen skills and resources needed for such a career. Students will also receive confidentiality and infection control training, and interactive presentations by health care professionals.

### **WHO SHOULD APPLY?**

Vermont Chittenden County High School students who are:

- Currently in 10<sup>th</sup>- 12<sup>th</sup> grades
- Available to attend the entire one day program (usually 7:15 am – 3:15 pm)
- Interested in exploring a few different health care careers and health topics
- Interested in strengthening skills and resources for career development
- Concerned about today's health issues, but have not had a lot of exposure to the health care field

### **PARTICIPANTS WILL...**

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

### **DATE & LOCATION**

- Friday, April 27, 2012 at Fletcher Allen Health Care, Burlington, VT

### **COST**

- \$25.00 non-refundable fee is due upon acceptance (some scholarship money may be available).
- Lunch is included and snacks are provided.
- Students must arrange for their own transportation to and from the event.

### **ADMISSION TO THE PROGRAM**

- Students must complete and submit an application. The application must include one recommendation form completed by a professional in your school who knows you well. The application and recommendation must be **received in our office** on or before **March 28, 2012**.
- Program staff at Champlaine Valley AHEC will review the applications and choose the students best suited for the program.

### **SPONSORING ORGANIZATIONS**

*Shadow Day* is presented by Champlaine 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, the Vermont Student Assistance Corporation (VSAC), and the Vermont Community Foundation.



**Champlain Valley Area Health Education Center  
Health Careers Exploration  
2012 *Shadow Day* Program  
For Vermont's Chittenden County Students**

## **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 Jocie Mueller, Champlain Valley AHEC Program Coordinator, at (802) 527-1474 x214 or by email at [jmueller@cvahec.org](mailto:jmueller@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 be used to help select participants and also to create a *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.

You may alternately complete the application online. Visit our website at [www.cvahec.org/shadowing.htm](http://www.cvahec.org/shadowing.htm) for information on how to apply electronically.

### **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 28, 2012.

### **4. SCHOLARSHIPS**

If financial assistance is needed a parent/guardian should send a letter requesting a scholarship and explaining the family's financial need to Champlain Valley AHEC, with the application. If there are any questions about scholarships, contact Jocie Mueller, Program Coordinator. (Requests for scholarships will not affect your acceptance to the program.)

### **5. MAIL YOUR COMPLETED APPLICATION TO:**

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

Applications and the recommendation forms must be **received in our office by March 28, 2012** 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



**Champlain Valley Area Health Education Center**  
**Health Careers Exploration**  
**2012 *Shadow Day* Program**  
**For Vermont's Chittenden County Students**

**April 27, 2012 Shadow Day Program**  
**at Fletcher Allen Health Care**  
**Application**

(Application Deadline-March 28, 2012)

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: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Day Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_ Other \_\_\_\_\_

E-mail \_\_\_\_\_ Confirm E-mail \_\_\_\_\_

School Name \_\_\_\_\_ Current grade 10 \_\_\_ 11 \_\_\_ 12 \_\_\_ Graduation year 20 \_\_\_\_\_

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 1<sup>st</sup> generation college student (neither of your parents attended college)? Yes \_\_\_ No \_\_\_

Please check off the boxes that best describe your ethnic background: (check all that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaska Native                          | <input type="checkbox"/> Black or African American           | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White   | <input type="checkbox"/> Unknown                             | <input type="checkbox"/> Hispanic or Latino                  |
| <input type="checkbox"/> Asian – Chinese, Japanese, Filipino, Thai or Asian Indian | <input type="checkbox"/> Asian – other ethnicity/nationality |  |

Did any of your parent(s)/guardian(s) not complete high school? Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

Do you require any physical or audio-visual accommodations? Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_



**Champlain Valley Area Health Education Center**  
**Health Careers Exploration**  
**2012 *Shadow Day* Program**  
**For Vermont's Chittenden County Students**

Do you currently have an Individualized Education Plan (IEP) or a 504 Plan at your school? Yes \_\_\_ No \_\_\_ If yes, please specify: \_\_\_\_\_

Mother's/Guardian's Employer & Job title \_\_\_\_\_

Father's/Guardian's Employer & Job title \_\_\_\_\_

Have you attended a *Focus on Health Careers Conference*, *Shadow Day* or *MedQuest* Program in the past?

Yes \_\_\_ No \_\_\_ If yes, which one and when? \_\_\_\_\_

Have you applied to the *Focus on Health Careers Conference*, *Shadow Day* or *MedQuest* and not been accepted?

Yes \_\_\_ No \_\_\_ If yes, which one and when? \_\_\_\_\_

How did you first learn about the *Shadow Day* program?

- |  |   |
|--|---|
| <input type="checkbox"/> a teacher   | <input type="checkbox"/> exploring the Champlain Valley AHEC website ( <a href="http://www.cvahec.org">www.cvahec.org</a> ) |
| <input type="checkbox"/> a parent/guardian                                   | <input type="checkbox"/> previously participating in another Champlain Valley AHEC program                                  |
| <input type="checkbox"/> a school counselor                                  | <input type="checkbox"/> an in-class Health Careers presentation  |
| <input type="checkbox"/> a friend  | <input type="checkbox"/> MedQuest flyer or brochure   |
| <input type="checkbox"/> someone who previously attended one of our programs | <input type="checkbox"/> other: _____   |

Who or what influenced you the most to apply?

- |  |   |
|--|---|
| <input type="checkbox"/> a teacher   | <input type="checkbox"/> exploring the Champlain Valley AHEC website ( <a href="http://www.cvahec.org">www.cvahec.org</a> ) |
| <input type="checkbox"/> a school counselor                                  | <input type="checkbox"/> previously participating in another Champlain Valley AHEC program                                  |
| <input type="checkbox"/> a parent/guardian                                   | <input type="checkbox"/> an in-class Health Careers presentation  |
| <input type="checkbox"/> a friend  | <input type="checkbox"/> MedQuest flyer or brochure   |
| <input type="checkbox"/> someone who previously attended one of our programs | <input type="checkbox"/> other: _____   |

**\*Note: Ninth grade students are NOT eligible to participate in *Shadow Day***







**Champlain Valley Area Health Education Center  
Health Careers Exploration  
2012 Shadow Day Program  
at Fletcher Allen Health Care  
For Vermont's Chittenden County Students**

**TO BE COMPLETED BY APPLICANT:**

I have asked the following school professional to complete a recommendation form for my participation. The professional will be mailing the recommendation form to Champlain Valley AHEC by March 28, 2012.

School Professional \_\_\_\_\_

Did you complete this application on your own Yes \_\_\_ No \_\_\_ If no, who helped you and why?

Because Champlain Valley AHEC programs are funded by a national grant, we are required to track the success of our students. In order to do this, we use a national data program called Student Clearinghouse, which requires a social security number. By giving us your social security number (9 digit), you are agreeing to allow us to use education-related data for grant reporting purposes only.

Social security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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, \_\_\_\_\_ 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. I realize that applications are accepted only when complete. If I'm selected to participate, I agree to promptly return the program permission forms and pay the \$25 non-refundable fee. I also agree to observe all health and safety rules, participate in discussions and activities, and listen to and encourage other student participants.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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. If my child is accepted to attend the program, I will a) help fill out and promptly return the program permission forms, b) pay the \$25 non-refundable fee, and c) provide transportation to and from the event at my own expense.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent/Guardian Signature)



**Champlain Valley Area Health Education Center  
Health Careers Exploration  
2012 Shadow Day Program  
at Fletcher Allen Health Care  
For Vermont's Chittenden County Students**

**RECOMMENDATION FORM (2 pages)  
Please Print or Type**

Professional: Please return this form to Champlain Valley AHEC, 92 Fairfield Street, St. Albans, VT 05478 by **March 28, 2012**. You may also fax it, (802) 527-1632.

This student is applying to participate in the Health Careers Exploration *Shadow Day* program at Fletcher Allen Health Care (for more information about Champlain Valley AHEC's programs, please visit our website at [www.cvahec.org](http://www.cvahec.org)). 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.

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?

**Champlain Valley Area Health Education Center  
Health Careers Exploration  
2012 Shadow Day Program  
at Fletcher Allen Health Care  
For Vermont's Chittenden County Students**

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 Jocie Mueller, Champlain Valley AHEC Program Coordinator, at (802) 527-1474 x214 or by e-mail at [jmueller@cvahec.org](mailto:jmueller@cvahec.org).  
Thank you!