



Champlain Valley Area Health Education Center
2010 Shadow Day
Health Careers Exploration Program

SHADOW DAY INFORMATION SHEET

WHAT IS HEALTH CAREERS EXPLORATION SHADOW DAY?

Shadow Day is a one-day educational program held at a local hospital that provides high school students in grades 10 through 12 the opportunity to explore the health care field. Students will receive confidentiality and infection control training, one job shadow, interactive presentations by health care professionals on health care topics or careers, and a presentation on preparing for college.

WHO SHOULD APPLY?

Addison County, Vermont high school students who are:

- Currently in 10th- 12th grades
- Available to attend the entire program (usually 7:15 a.m.-3:15 p.m.)
- Interested in problem-solving, using the newest technologies, and relating to people
- Concerned about today's health issues
- Interested in learning more about a number of different health careers
- Interested in strengthening skills and resources for career development

PARTICIPANTS WILL . . .

- Develop comfort in a health care environment
- Interact and connect with various health care professionals
- 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

- Friday, October 22, 2010 at Porter Medical Center, Middlebury, Vermont

COST

- A \$25 non-refundable fee is due upon acceptance (please contact Champlain Valley AHEC if the \$25 would cause financial hardship)
- Lunch and snacks will be provided
- Students are responsible for transportation to and from the program

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 completed application and recommendation must be received in our office on or before September 22, 2010 (applications postmarked on this date will not be accepted).
- Program staff at Champlain Valley AHEC will review the applications and choose the students best suited for the program. Students will know of their acceptance by October 8, 2010.

SPONSORING ORGANIZATIONS

Shadow Day is presented by Champlain Valley AHEC in partnership with Porter Medical Center, 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.



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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 there are any questions, contact Elizabeth Zinno Ratta, Champlain Valley AHEC Health Careers Program Coordinator, at (802) 527-1474 x14 or by email at ezinno@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 that is informative and interesting to the 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 who knows you well (guidance counselor, science or math teacher, etc.). The school professional should mail the completed recommendation form to Champlain Valley AHEC before September 22, 2010.

4. MAIL YOUR COMPLETED APPLICATION TO:

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

Applications and the recommendation forms must be
received in our office by September 22, 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

You will hear from Champlain Valley AHEC about your acceptance by October 8, 2010.



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October 22, 2010 *Shadow Day* Program
at Porter Medical Center
Application

(Application Deadline-September 22, 2010)

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

First Name _____ Middle Initial ____ Last Name _____

Date of Birth _____ Age ____ Female ____ Male ____ Phone Number(s) _____

School Name _____ Current grade 9* __ 10 __ 11 __ 12 __ Graduation year 20__

E-mail _____ Confirm E-mail _____

Mailing Address _____
street, city, state & zip code

County _____ Parent/Guardian Name(s) _____

Are you a VSAC Outreach Program Participant? Yes ____ No ____ VSAC Counselor's Name _____

Name of your Guidance Counselor _____

Do you qualify for Free/Reduced Lunch? Yes ____ No ____

Are you 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? _____

If yes, when or which one? _____

*NOTE: Ninth-graders are NOT eligible to participate in *Shadow Day*.



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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 September 22, 2010.
School Professional: _____

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.
Which size would you need? _____

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

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

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: _____

(You will hear of your acceptance by October 8, 2010).

TO BE COMPLETED BY PARENT/GUARDIAN OF APPLICANT:

I, _____, have read the information about the *Shadow Day* program that my
(Print Name)

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)

* If the \$25 non-refundable fee will cause your family financial hardship, please contact Champlain Valley AHEC by calling (802) 527-1474.



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RECOMMENDATION FORM (2 pages)

Professional: Please return this form to Champlain Valley AHEC, 152 Fairfield Street, St. Albans, VT 05478 by **September 22, 2010**. You may also fax the form to (802) 527-1632.

This student is applying to participate in the Health Careers Exploration *Shadow Day* program at Porter Medical Center (for information about Champlain Valley AHEC's programs, please visit our website at 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 (Please Print): _____ High School: _____

Your Name & Relationship w/student: _____

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

What do you think this student stands to gain from attending the *Shadow Day* program?

If selected to participate in *Shadow Day*, this student will be in a health care setting. They will have interactions with health care professionals, patients, and possibly the patients' family members. Do you feel this student has the maturity and skills for this? Please explain.

Student's strengths as you see them:

Student's challenges/weaknesses as you see them:



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RECOMMENDATION FORM (continued)

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

His/Her Social Skills:

- Interacts and communicates well with adults and in a respectful manner
- Could be called "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
- 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

Please state your overall impression of the student and/or additional comments:

Reference's Signature: _____ Date: _____

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

Best way to contact you: _____

If there are any questions, contact Elizabeth Zinno Ratta, Champlain Valley AHEC Health Careers Program Coordinator, at (802) 527-1474 x14 or by e-mail at ezinno@cvahec.org.

Thank you!