# HEALTH CAREERS BOOT CAMP

Spend five days exploring the many careers in healthcare!

JULY 22 – 26, 2024

**APPLICATION DEADLINE:** May 3, 2024



### HARRISON COUNTY COMMUNITY HOSPITAL 2600 Miller Street • Bethany, MO 64424 • (660) 425-0292 • www.hcchospital.org



### HEALTH CAREERS BOOT CAMP PROGRAM DESCRIPTION

#### WHO MAYAPPLY?

High school students entering their junior or senior year in fall 2024
Students from schools in Harrison County, Mo., will receive priority
Students from schools outside Harrison County will be considered as space permits

#### WHEN IS THE BOOT CAMP?

July 22-26, 2024 (8:00 am to 4:30 pm daily

#### WHERE IS THE BOOT CAMP?

Harrison County Community Hospital in Bethany

#### PARTICIPANT RESPONSIBILITIES

Commitment to attend all five days and actively participate in each program experience

Participation in a professional job interview

Business casual attire (no jeans, shorts, sneakers, or flip-flops)

Professional demeanor and commitment to patient privacy

Completion of daily journaling activities to reflect on the day's activities

Submission of a short reflection paper or project at the conclusion of the program

HCCH will provide masks for participants to wear

#### BENEFITS FOR PARTICIPANTS

Job shadowing in Laboratory, Nursing, Physical/Occupational/Speech Therapies, Radiology, and Respiratory Therapy) Introduction to other departments (including Finance and Billing, Information Technology, Pharmacy, and Social Work) Experience in a professional setting

Job interview experience

Valuable addition for a resume or college/scholarship application

Complimentary breakfast and lunch each day

**Boot Camp T-shirt** 

Possible additional enrichment activities (subject to availability)

Stipend (\$100) upon successful completion of all program requirements

#### APPLICATION DEADLINE

Friday, May 3, 2024, at 5:00 pm



HEALTH CAREERS BOOT CAMP • July 22-26, 2024

## Student Application

Last	name:_	First name:	High school:						
Mailing add	dress: _								
Email:			Phone (including area	a code):					
Grade in Fa	all 2024:	☐ Junior ☐ Senior Name	of parent(s) or guardiar	n(s):					
Job shadov	w or work	experience (if applicable):							
				vities. Attach an additional page if					
School A Governm		Clubs, or Student	Year(s) involved	Role (member, officer, etc.)					
		7							
Commun	ity Involv	vement, Volunteer Activities	Year(s) involved	Description					
School or Community Honors and Awards									
		ite an essay describing what you son County Community Hospital.		participating in the Health Careers					
A teacher of recommend	_	ce counselor must submit the E	Educator Recommendat	tion Form and a letter of					
certify that	the infor	mation presented above is comp	lete and accurate and the	e attached essay is my own work.					
Student Signature				Date					

Send applications to Harrison County Community Hospital, ATTN: Abbe Ream, 2600 Miller Street Bethany, MO 64424



HEALTH CAREERS BOOT CAMP ● July 22-26, 2024

### **Educator Recommendation Form**

TO BE COMPLETED BY A TEACHER OR GUIDANCE COUNSELOR.

Student's name:How long have you known the student?									
Educator name:_			☐ Teacher ☐ Counselor ☐ Other						
Educator email:_			Phone (including area code):						
Student's cumulative high school GPA:									
In addition to clinical knowledge and skills, a variety of personal attributes can contribute to success in a health care career. Please evaluate the student in the characteristics listed below. "Among the best" means the student is among the strongest you have encountered in your career.									
Characteristic	Poor	Average	Good	Excellent	Among the best				
Compassion									
Integrity									
Leadership									
Positivity									
Responsibility									
Teamwork									
Work ethic									
Letter of recommendation: The application requires a letter of recommendation. Please comment on any of these topics: the applicant's opportunity for growth as a result of participating in the Health Careers Boot Camp, scholastic record, school or community involvement, leadership skills, and any personal attributes that would help the selection committee evaluate the application. Cite specific examples as appropriate.  Send the letter of recommendation and this form directly to the committee at the address below.  Educator Signature  Date									
Educator Signature Date									