# Collegiate Shadowing/Observation Program Application

Date:

Name:

 Last First Middle

Address:

City/State:

Zip code:

Email Address:

Home Phone: Cell:

Age:

College/School:

Program:

Please state your areas of interest. Please state your availability/conflicts from May 24 - June 25, 2021.

Please state your reason(s) why you are choosing a career in the health care industry.

Are there any limitations to your activities? Yes No

If yes, explain.

Emergency Notification:

Name:

Relationship:

Phone numbers

Home:

Work:

Cell:

I verify that the above information provided is correct to my knowledge and have given my permission for him/her to participate in the Healthcare Careers Summer Program. Any false information may subject him/her to immediate dismissal from the program.

Signature: