



**Take the Next Step!**

# Pathways to Health Careers

A Conference presented by the Vermont Area Health Education Centers  
 With support from the Vermont Department of Labor  
 November 8-9, 2008 at Goddard College, Plainfield, VT

## Student Application Form

**Mail by Wednesday, September 24, 2008**

### INSTRUCTIONS

1. Mail your application by **September 24, 2008** to:  
 Northeastern VT AHEC  
 347 Emerson Falls Road, Suite 3  
 St. Johnsbury, VT 05819
2. Print clearly or type.
3. Complete all sections of the application.
4. The Student *and* a parent or guardian must sign on page 2.

*Incomplete applications may not be accepted!*

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

Email Address \_\_\_\_\_

Grade in Fall 2008 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of High School \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_

### Your Experience Exploring Health Careers

*This conference is designed for high school students who have significant previous experience exploring health careers.*

**1. Programs and Volunteer Work.** Please check off those programs and volunteer experience that you have participated in. Then provide information in the table below.

- |   |  |
|---|--|
| <input type="checkbox"/> AHEC MedQuest                                      | <input type="checkbox"/> AHEC Advanced MedQuest                    |
| <input type="checkbox"/> AHEC Shadow Day                                    | <input type="checkbox"/> AHEC Youth Health Service Corps           |
| <input type="checkbox"/> Technical or other School Health Program           | <input type="checkbox"/> Hospital or Health-related Volunteer Work |
| <input type="checkbox"/> High School Science, Mathematics or Health Courses | <input type="checkbox"/> Other: _____                              |

Program/Course/Volunteer Program Name	Dates Participated	Name of Teacher or Supervisor & Phone #
<i>Example: Regional Technical Center Dental Studies</i>	<i>9/3/2007-12/15/2007 &amp; 1/10/2008-6/3/2008</i>	Name <i>Roberta Smith</i> Phone <i>802-555-1212</i>

		Name: Phone:
		Name: Phone:
		Name: Phone:
		Name: Phone:

**Have a Question?** Regional Contact at Phone Number or Email

2. Why are you interested in health careers? *(35 to 50 word answer)*

3. As you plan for study and work in health care, what – other than money – may stand in your way? What would help you take your next step toward study and/or work in a health career? *(35 to 50 word answer)*

4. Do you require accommodations to participate in the conference?  Yes  No *(If yes, please describe the accommodation(s) you need. Your answer to this question will be used for event planning and will not affect your acceptance to the program. If you are accepted to attend the conference, a VT AHEC staff person will follow up to discuss and coordinate your accommodations.)*

**5. Student and Parent/Guardian Signatures** *Both must sign!*

Please accept this application to the First Annual Pathways to Health Careers Conference. We agree to the following:

1. We will promptly return the enrollment papers that will be sent to us on October 1<sup>st</sup> if the student is accepted.
2. We will pay a \$40 conference fee if the student is accepted.
3. The student will complete assigned readings before the conference – a time commitment of approximately 4 hours.
4. We will provide transportation for the student to and from the event at our own expense.
5. The student will attend the entire conference from approximately 9 am on Saturday until the conference is dismissed on Sunday afternoon.
6. The student will participate constructively in the conference, and will follow safety rules, participate in discussions and activities, and respectfully listen to and encourage other students.
7. We give the Vermont Area Health Education Centers and the teachers/supervisors we identified on page 1 permission to discuss the student’s readiness to participate in this conference.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_