**  **

 ***Fall 2023 Spring 2024***

Career Health Connections is a program designed for students who are interested in pursuing or learning more about health careers. Students will attend 1 Educational/Orientation Session and 8 weeks of on site learning at Virtual Medical Center, Wilson County Substance Abuse Coalition, Carolina Family Health Centers, Wilson Medical Center and Wilson County Emergency Medical Services .

**Selected students will receive the following program benefits:**

* Hands-on involvement with healthcare professionals
* Exposure/entry into 8 different healthcare service areas
* Opportunities to make connections with staff, Introductions to organization leaders
* HIPPA, diversity and equity training - resume builder for college or job applications
* A Youth Health Service Corps Certificate through Area L AHEC (if all hours are completed)
* A Career Health Connections Program Certificate
* $100 Scholarship if you complete the program

**What are the program dates?** Fall 2023 September 20 - November 15

 Spring 2024 January 31 - March 27

**What time of day?**  Every Wednesday 3:00 p.m. - 5:00 p.m.

**What if I cannot make all the days?** You are allowed 1 absence to earn a CHC Certificate

**Do I need my own transportation?** Yes

**What do I need to submit with my application?**

* 2 Teacher Reference Forms (Attached to this document)
* Copy of Covid Vaccine Card
* Copy of Current Flu Shot

**CDC’s** Beddingfield \* Athena Bynum \* Hunt Lisa Hendricks \* Fike Jean Hall



***Wilson Education Partnership -*** ***Career Health Connections Application***

***(Please type or print)***

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Shirt Size** \_\_\_\_\_\_\_\_

**Email**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade**\_\_\_\_\_\_

**Emergency Contact Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In 5-7 sentences , tell us why you would like to participate in this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include 2 references with your application. Forms are included.

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in this program, have a background check, and fill out a health eligibility screening. I give permission for Wilson County Schools to release his/her medical records to Carolina Family Health Centers and Wilson Medical Center if needed. I understand that transportation is the responsibility of the student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WEP Career Health Connections Teacher Reference Form**

**Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please mark as appropriate:***

***(1 – Poor, 2 – Fair, 3 – Good, 4 – Outstanding; N – No, Y – Yes, X- Cannot Evaluate)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Class Attendance |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |  |  |
| 2. | Academic performance |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |  |  |
| 3. | Classroom behavior |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |  |
| 4. | Willingness to accept responsibility |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |  |  |
| 5. | Dependability/reliability |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |  |  |
| 6. | Ability to work with others |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |  |  |
| 7. | Knowledge of class content |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |  |  |
| 8. | Initiative/work ethic |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |  |  |
| 9. | Respect for authority |  |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |
| 10. Ability to follow written/oral directions |  | ***1*** | ***2*** | ***3*** | ***4*** | ***X*** |
|  |  |  |  |  |  |  |
| 11. Student is academically prepared to be |  |  |  | ***N*** | ***Y*** | ***X*** |
|  | successful in an internship program. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 12. Student is personally prepared to be successful |  |  |  | ***N*** | ***Y*** | ***X*** |
|  | in an internship program. |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| I recommend this student: | \_\_\_\_\_ without reservations |  |  |  |  |  |
|  |  | \_\_\_\_\_ with reservations |  |  |  |  |  |
|  |  | \_\_\_\_\_ cannot recommend |  |  |  |  |  |

***Signed*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_