

# KADLEC Healthcare Internship

## Application Document Checklist

- KADLEC Healthcare Application
  - Resume
  - Cover Letter
  - Candidate Evaluation forms
    - 3 from teachers
    - 1 from non-teacher relationship
  - Proposed schedule
  - Worksite Learning Informed Consent Form
  - Worksite Learning Agreement
  - Attendance Report for current year
  - Proof of medical insurance
  - Unofficial Transcript
- 

**DUE APRIL 12<sup>TH</sup>**

**RHS TO: MRS. SCHIRM IN CAREER CENTER**

**HHS TO: MRS. RICHARDSON IN CAREER CENTER**

**DHS TO: JULI TROXEL, WORK BASED LEARNING**

**TRI-TECH TO: NATHEN ALLINGTON, FIREFIGHTING**

# Kadlec Healthcare Internship Application

Name \_\_\_\_\_ Grade in the fall \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ (Should probably check this daily)

Have you participated in Kadlec Experience Healthcare?  Yes  No

Did you apply for the RHS Healthcare Internship last year?  Yes  No

Have you ever volunteered at a healthcare facility?  Yes  No

If yes, please tell us about your experience.

---

---

---

Do you have transportation available to get to your rotations?  Yes  No

Are you currently 16 or older?  Yes  No If no, when will you turn 16? \_\_\_\_\_

Are you interested in the Kadlec Academy?  Yes  No

Identify which sport season you plan to participate in.  Fall  Winter  Spring  None  
*Please be aware that it is not always possible to be an intern in the same semester that you participate in an athletic program.*

Why do you want to be a healthcare intern?

---

---

---

---

## Education

Cumulative GPA \_\_\_\_\_

Number of days absent from school in the 2019-20 school year \_\_\_\_\_

Please list any applicable special training, skills, licenses or certifications.

---

---

## Work Experience

From	To	Employer	Phone
Job Title		Address	
Supervisor		Work Responsibilities	
Hourly Rate/Salary		Reason for Leaving	

## Activities (Please check all that currently apply.)

- Work \_\_\_\_\_ hours per week
- Athletics (please list) \_\_\_\_\_
- Dance Team
- School Clubs (please list) \_\_\_\_\_
- Music Groups (please list) \_\_\_\_\_
- Other (please list) \_\_\_\_\_

## After High School Education

Please list the community colleges or universities you are considering for after high school.

---



---



---

## References/Candidate Feedback (At least three of your references must be high school teachers.)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Relationship \_\_\_\_\_

---

Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRI CITY AREA EDUCATIONAL COOPERATIVE  
WORKSITE LEARNING PARENT/GUARDIAN INFORMED CONSENT**

MY STUDENT HAS PERMISSION TO PARTICIPATE IN A WORK-BASED LEARNING EXPERIENCE.

STUDENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

LEARNING SITE(S): \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ GRADE LEVEL: \_\_\_\_\_ CAREER PATHWAY: \_\_\_\_\_

**TRANSPORTATION TO BE PROVIDED BY PARENTS OR LEGAL GUARDIAN**

**IN CASE OF MEDICAL EMERGENCY:**

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY PHYSICIAN : \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY MEDICATION: \_\_\_\_\_ LIST ANY ALLERGIES: \_\_\_\_\_

I accept full responsibility for the cost of treatment for any injury suffered by my son/daughter while taking part in the work-based learning program. I assume all risks, hazards, and injuries incident to such participation and do hereby waive, release, absolve and agree to hold harmless the Learning/Work Site, Learning Site supervisor, the Program Coordinator, the \_\_\_\_\_ School District, School District personnel and School Board members from any claim arising out of an injury to my child.

I understand that my daughter/son **cannot** participate in the work-based learning program unless they are covered by personal medical insurance or by the school accident coverage plan.

I have insurance coverage with \_\_\_\_\_ Co., policy number \_\_\_\_\_, that provides adequate accident coverage and I will keep it in force throughout the school year.

**OR** I do not have a family insurance policy. Please complete the following, I purchased school insurance for the above named student on \_\_\_\_\_.  
(date)

**TRANSPORTATION:**

TRANSPORTATION IS THE SOLE RESPONSIBILITY OF THE PARENT OR LEGAL GUARDIAN. PARTICIPATION IN THE PROGRAM IS VOLUNTARY AND THE DISTRICT IS NOT DIRECTLY SUPERVISING, CONTROLLING, OR PROVIDING THE STUDENT'S TRANSPORTATION.

I HEREBY UNDERSTAND THAT MY DAUGHTER/SON MAY BE TRAVELING IN A LEARNING SITE VEHICLE, NOT PROVIDED BY THE \_\_\_\_\_ SCHOOL DISTRICT, AS A PART OF THE JOB SHADOW OR WORK EXPERIENCE.

**Non-Paid Work Experience:** The parent/guardian and student understand that even though some Community and Work-based experiences are **non-paid**, the student may perform work-related activities and that there is no Workmen's Compensation coverage for experiences where the student is not legally employed. School personnel may not have visited the work site, met the hosts, nor be present when the student is on-site.

**THE UNDERSIGNED HAS READ AND UNDERSTANDS THE AFOREMENTIONED RELEASE.  
CAUTION: READ BEFORE SIGNING!**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(STUDENT)

**PARENT OR GUARDIAN OF STUDENT: I, AS PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED, HEREBY AGREE TO THE CONDITION OF PARTICIPATION IN A WORK-SITE LEARNING PROGRAM.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN)

TEACHER - WHITE

PARENT - YELLOW

**Worksite Learning Agreement**  
**Tri-Cities Area Educational Cooperative**  
**Burbank~Finley~Kennewick~Kiona Benton~North Franklin~Pasco~Richland**

**The Student/Trainee agrees to:**

*Participate in this work experience under the jurisdiction of the school (school policies and rules apply) and:*

- Understand dishonesty in school, at work, or in the community may be grounds for dismissal and/or result in a failing grade.
- Allow the coordinator to inform the employer as to the progress (or lack of progress) in school, or any other situation that may affect performance in this program.

*Perform all school-related duties and adhere to attendance/tardy policies both at school and on the job:*

- Complete the concurrent class and work experience through the end of second semester unless there is a documented medical emergency. (If a student withdraws from work experience after the school deadline to drop the class and prior to the completion of the semester, the student will receive a failing grade for work experience and could receive a failing grade for the class.)
- Maintain a passing grade in the related class and continue satisfactory progress toward graduation.
- Maintain regular attendance and give the coordinator the right to discuss attendance with the training supervisor/employer.
- Prearrange all absences with coordinators (no school = no work).

*Perform all work place related duties:*

- Meet or exceed standards set in conjunction with the training supervisor/employer and coordinator and follow all company rules.
- Maintain appropriate workplace appearance (proper attire, grooming, hygiene, and uniform if required).
- Consult with the coordinator prior to quitting or changing jobs or changing schedules.
- Complete all required forms in a timely manner.
- Document hours of work for each semester in accordance with the process as required by the coordinator in order to receive work credit (90 hrs. UNPAID).
- Follow state and federal child labor laws and recognize that in the event the student has another job in conjunction with his/her work-experience, his/her first responsibility is with the work-based learning job.
- Report all on-the-job injuries to the training supervisor/employer and coordinator within 24 hours.

**The Parent/Guardian agrees to:**

- Allow for the release of student records (transcripts, attendance, and teacher recommendations) to potential training supervisors/employers as a part of the student trainee's application portfolio.
- Recognize that the student trainee has undertaken special responsibilities and make every effort to support him/her and recognize that the student may be working in a one on one situation with a supervisor, with a group, or alone.
- Communicate with the coordinator with questions or concerns regarding the student trainee work program.
- Provide transportation for the student trainee to get to and from the worksite.

**The Training Supervisor/Employer agrees to comply with all requirements of a school work-experience program and:**

- Recognize the educational value of the training site and guide the student trainee in performing the job tasks.
- Provide varied work experiences.
- Consult with the coordinator on any problems that arise and/or prior to releasing the student trainee from the training site.
- Inform other employees of their important role in assisting with the training of the student trainee.
- Provide the student trainee with sufficient work hours to earn school credit.
- Assure compliance with state and federal guidelines and regulations regarding non-discrimination against any employee/student trainee on the basis of race, color, national origin, gender or disability in recruitment, hiring, placement, assignment of tasks, hours of employment, levels of responsibility and pay. Harassment of any employee/student trainee with regard to race, color, national origin, gender or disability is strictly prohibited.

**The Coordinator agrees to facilitate placement, follow-up, guidance and coordination between the job and school and:**

- Assist with any training problems that arise on the job.
- Make periodic visits to the worksite to collaboratively evaluate the student trainee.
- Communicate with the parent/guardian on any questions or concerns that arise regarding the student trainee's program.

**I understand that violation of any portion of the agreement may result in the student employee being dropped from the program with a failing grade or receive a grade reduction according to school policy.**

Rachel Wabeke/ *Rachel Wabeke*

Training Supervisor/Employer (print/signature)

Kadlec Regional Medical Center

Company Name

(509)942-2600

academicservices@kadlec.org

Phone

Email

Date Completed

Student Trainee (print/signature)

Parent/Guardian (print/signature)

Coordinator (print/signature)

Delta High School

School

8/02

# KADLEC Healthcare Internship

## 2020-21 Proposed Schedule

Period	1 <sup>st</sup> Trimester	2 <sup>nd</sup> Trimester	3 <sup>rd</sup> Trimester
0			
1			
2			
3			
4			
5			
6			
7	KADLEC Available	NO KADLEC	KADLEC Available

### NOTE:

As you fill out this form make sure you can handle the amount of work you are committing to. Many have aspirations of 0 hour class/Work Based Learning/Club activities/Sports; as well as this internship. We encourage well rounded and active students. Be confident in your time management skills as you plan for next year!

**KADLEC HEALTHCARE INTERNSHIP  
CANDIDATE EVALUATION  
FORM**

**NAME** \_\_\_\_\_

**PROGRAM OVERVIEW**

The Kadlec Healthcare internship program is sponsored by Kadlec Regional Medical Center and is designed to help students take a close look at opportunities in healthcare as well as cultivate employability and leadership skills. Student participants spend 90 hours a trimester paired with a variety of healthcare providers to observe and engage in conversation about becoming a healthcare provider. Students who have the best experiences are those who see themselves as caregivers for their life work. Students who are patient, friendly, curious, and polite, and are wired with a positive attitude are the ones who reap the greatest benefit from this experience.

Name of Evaluator: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Evaluator e-mail address \_\_\_\_\_

Relationship to the candidate \_\_\_\_\_

Length of acquaintance: \_\_\_\_\_

Note: The following categories are intended merely as guidelines. Please use the space provided or attach your own letter, for additional comments. We are interested in a complete evaluation of this applicant's ability to thrive in a healthcare internship and appreciate hearing whatever you deem important to describing this student.

5 = greatest level of this characteristic  
1 = lowest level

	1	2	3	4	5	No basis for evaluation
This student would be an excellent representative of their school district and Delta High School in our community.						
This student is cooperative.						
This student is a good listener and takes direction well.						
This student is attentive to the tasks at hand.						
This student is friendly and enthusiastic.						
This student asks questions and demonstrates initiative.						
This student has the ability to work well in a low structure environment.						
This student understands and honors confidentiality.						

Please write whatever you think is important about the applicant. Your feedback is most important in the selection process as you have had a greater depth of experience with the student than what is allowed in the interview process.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

I recommend this candidate for the Kadlec Healthcare Internship:

	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
For positive attitude and curiosity					
Ability to benefit from this experience					
Overall recommendation					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN INSTRUCTIONS**

Please mail this evaluation document in the envelope provided to

Delta High School  
 Attn: Juli Troxel  
 5801 Broadmoor Blvd  
 Pasco, WA 99301

RE: Healthcare Internship Feedback



**KADLEC HEALTHCARE INTERNSHIP  
CANDIDATE EVALUATION  
FORM**

**NAME** \_\_\_\_\_

**PROGRAM OVERVIEW**

The Kadlec Healthcare internship program is sponsored by Kadlec Regional Medical Center and is designed to help students take a close look at opportunities in healthcare as well as cultivate employability and leadership skills. Student participants spend 90 hours a trimester paired with a variety of healthcare providers to observe and engage in conversation about becoming a healthcare provider. Students who have the best experiences are those who see themselves as caregivers for their life work. Students who are patient, friendly, curious, and polite, and are wired with a positive attitude are the ones who reap the greatest benefit from this experience.

Name of Evaluator: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Evaluator e-mail address \_\_\_\_\_

Relationship to the candidate \_\_\_\_\_

Length of acquaintance: \_\_\_\_\_

Note: The following categories are intended merely as guidelines. Please use the space provided or attach your own letter, for additional comments. We are interested in a complete evaluation of this applicant's ability to thrive in a healthcare internship and appreciate hearing whatever you deem important to describing this student.

5 = greatest level of this characteristic

1= lowest level

	1	2	3	4	5	No basis for evaluation
This student would be an excellent representative of their school district and Delta High School in our community.						
This student is cooperative.						
This student is a good listener and takes direction well.						
This student is attentive to the tasks at hand.						
This student is friendly and enthusiastic.						
This student asks questions and demonstrates initiative.						
This student has the ability to work well in a low structure environment.						
This student understands and honors confidentiality.						

Please write whatever you think is important about the applicant. Your feedback is most important in the selection process as you have had a greater depth of experience with the student than what is allowed in the interview process.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I recommend this candidate for the Kadlec Healthcare Internship:

	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
For positive attitude and curiosity					
Ability to benefit from this experience					
Overall recommendation					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN INSTRUCTIONS**

Please mail this evaluation document in the envelope provided to

Delta High School  
Attn: Juli Troxel  
5801 Broadmoor Blvd  
Pasco, WA 99301

RE: Healthcare Internship Feedback

**KADLEC HEALTHCARE INTERNSHIP  
CANDIDATE EVALUATION  
FORM**

**NAME** \_\_\_\_\_

**PROGRAM OVERVIEW**

The Kadlec Healthcare internship program is sponsored by Kadlec Regional Medical Center and is designed to help students take a close look at opportunities in healthcare as well as cultivate employability and leadership skills. Student participants spend 90 hours a trimester paired with a variety of healthcare providers to observe and engage in conversation about becoming a healthcare provider. Students who have the best experiences are those who see themselves as caregivers for their life work. Students who are patient, friendly, curious, and polite, and are wired with a positive attitude are the ones who reap the greatest benefit from this experience.

Name of Evaluator: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Evaluator e-mail address \_\_\_\_\_

Relationship to the candidate \_\_\_\_\_

Length of acquaintance: \_\_\_\_\_

Note: The following categories are intended merely as guidelines. Please use the space provided or attach your own letter, for additional comments. We are interested in a complete evaluation of this applicant's ability to thrive in a healthcare internship and appreciate hearing whatever you deem important to describing this student.

5 = greatest level of this characteristic

1= lowest level

	1	2	3	4	5	No basis for evaluation
This student would be an excellent representative of their school district and Delta High School in our community.						
This student is cooperative.						
This student is a good listener and takes direction well.						
This student is attentive to the tasks at hand.						
This student is friendly and enthusiastic.						
This student asks questions and demonstrates initiative.						
This student has the ability to work well in a low structure environment.						
This student understands and honors confidentiality.						

Please write whatever you think is important about the applicant. Your feedback is most important in the selection process as you have had a greater depth of experience with the student than what is allowed in the interview process.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

I recommend this candidate for the Kadlec Healthcare Internship:

	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
For positive attitude and curiosity					
Ability to benefit from this experience					
Overall recommendation					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN INSTRUCTIONS**

Please mail this evaluation document in the envelope provided to

Delta High School  
 Attn: Juli Troxel  
 5801 Broadmoor Blvd  
 Pasco, WA 99301

RE: Healthcare Internship Feedback

**KADLEC HEALTHCARE INTERNSHIP  
CANDIDATE EVALUATION  
FORM**

**NAME** \_\_\_\_\_

**PROGRAM OVERVIEW**

The Kadlec Healthcare internship program is sponsored by Kadlec Regional Medical Center and is designed to help students take a close look at opportunities in healthcare as well as cultivate employability and leadership skills. Student participants spend 90 hours a trimester paired with a variety of healthcare providers to observe and engage in conversation about becoming a healthcare provider. Students who have the best experiences are those who see themselves as caregivers for their life work. Students who are patient, friendly, curious, and polite, and are wired with a positive attitude are the ones who reap the greatest benefit from this experience.

Name of Evaluator: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_

Evaluator e-mail address \_\_\_\_\_

Relationship to the candidate \_\_\_\_\_

Length of acquaintance: \_\_\_\_\_

Note: The following categories are intended merely as guidelines. Please use the space provided or attach your own letter, for additional comments. We are interested in a complete evaluation of this applicant's ability to thrive in a healthcare internship and appreciate hearing whatever you deem important to describing this student.

5 = greatest level of this characteristic

1= lowest level

	1	2	3	4	5	No basis for evaluation
This student would be an excellent representative of their school district and Delta High School in our community.						
This student is cooperative.						
This student is a good listener and takes direction well.						
This student is attentive to the tasks at hand.						
This student is friendly and enthusiastic.						
This student asks questions and demonstrates initiative.						
This student has the ability to work well in a low structure environment.						
This student understands and honors confidentiality.						

Please write whatever you think is important about the applicant. Your feedback is most important in the selection process as you have had a greater depth of experience with the student than what is allowed in the interview process.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

I recommend this candidate for the Kadlec Healthcare Internship:

	Not Recommended	Without Enthusiasm	Fairly Strongly	Strongly	Enthusiastically
For positive attitude and curiosity					
Ability to benefit from this experience					
Overall recommendation					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN INSTRUCTIONS**

Please mail this evaluation document in the envelope provided to

Delta High School  
 Attn: Juli Troxel  
 5801 Broadmoor Blvd  
 Pasco, WA 99301

RE: Healthcare Internship Feedback