

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 12TH

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

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)

Richland High School

School

8/02

KADLEC Healthcare Internship

2020-21 Proposed Schedule

| Period | 1 st Semester | 2 nd Semester |
|--------|--------------------------|--------------------------|
| 0 | | |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | KADLEC | KADLEC |

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!

**RICHLAND SCHOOL DISTRICT HEALTHCARE INTERNSHIP
CANDIDATE EVALUATION
FORM**

NAME _____

PROGRAM OVERVIEW

The Richland School District Healthcare internship program is sponsored by Kadlec Regional Medical Center. It 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 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, 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 the Richland School District 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 Richland School District 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

Richland School District Colleagues, please give this evaluation document to Josh Jelinek at Richland High School if evaluating a RHS student. If evaluating a Hanford High student, please give this evaluation document to Karen Richardson at Hanford High. You may either place it in the appropriate staff mailbox or send it through in-district mail. This is a confidential document and should be placed in an envelope prior to returning.

Evaluators outside of the Richland School District should mail this evaluation document in the envelope provided to

Career Center
 Richland High School
 930 Long Avenue
 Richland, WA 99352

RE: Healthcare Internship Feedback

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