



# 2025 AHEC of a Summer Health Careers Volunteer Program Application for St. Mary Parish

**DEADLINE: March 28, 2025 Submit Application to by mail to enclosed address**

*Note: In addition to on-line access, applications are being distributed in each parish by school system personnel.*

**Applications must be filled out by the student in black ink only. Student must legibly print or type.**

Student's Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Current year in school: 9 10 11

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Parent/Guardian Addresses (if different from student's) \_\_\_\_\_

	<u>Mother</u>	<u>Father</u>
Parent/Guardian Work Phone	_____	_____
Parent/Guardian Home Phone	_____	_____
Parent/Guardian Cell Phone	_____	_____

**Please note: HRSA requires that AHECs report data on race and ethnicity for federal statistics, program administrative reporting, and civil rights compliance.**

**Race (check those that apply)**

- \_\_\_\_ American Indian or Alaska Native
- \_\_\_\_ Asian (Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)
- \_\_\_\_ Asian (Any Asian other than those listed above)
- \_\_\_\_ Black or African American
- \_\_\_\_ Native Hawaiian or Other Pacific Islander
- \_\_\_\_ Caucasian

**Ethnicity (check one)**

- \_\_\_\_ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)
- \_\_\_\_ Non-Hispanic

**Please enter your Final Grade or Fall Semester grade for each of the science classes you have taken in high school:**

Chemistry \_\_\_\_\_ Biology \_\_\_\_\_ General Science \_\_\_\_\_  
Other science (Please list course name and grade) \_\_\_\_\_

**Do you have reliable transportation to the program location? Yes \_\_\_\_\_ No \_\_\_\_\_**

\*Acceptance into the AHEC of a Summer program requires an enrollment fee of \$30 and a commitment of approximately 90-100 total hours of weekday volunteer service at designated health care facilities between early June and mid-July. Volunteers do NOT receive wages or salary through the AHEC of a Summer program. Signing this application is an indication of your availability and commitment to participate in ALL scheduled AHEC of a Summer days and activities. **Money should NOT be sent with this application.**

*Note: If student is accepted to the program then a money order will be sent with the acceptance letter.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This program is a cooperative service of the Southwest Louisiana Area Health Education Center, parish school boards, local hospitals, clinics, and other health care facilities and offices.**

**From time to time, students will be contacted by Southwest Louisiana AHEC as a follow-up to this experience.** *Completed application should be mailed to the AHEC Coordinator Lydia Duval at the Central Office Complex of St. Mary Parish School Board.*

**Mail Application to the following address:**

**St. Mary Parish School Board  
Central Office Complex  
Attn: AHEC program Noelle Lowrimore  
PO Box 170  
Centerville, LA 70522**  
*Questions? Email [nlowrimore@stmaryk12.net](mailto:nlowrimore@stmaryk12.net)*

How did you learn about the AHEC of a Summer Health Careers Volunteer Program?

\_\_\_\_\_

Are any members of your immediate family employed in a health care profession?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what profession? \_\_\_\_\_

Are you considering a career in health care? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

If yes, what would you like to do? \_\_\_\_\_

Have you ever worked in a health care facility as a volunteer or employee? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, when, and what was your job? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you had a choice, which hospital department would you be most interested in and why? (Circle your choice)

Dietary                      Laboratory                      Emergency Room                      Occupational Therapy                      Nursing                      Radiology

Respiratory Therapy                      Physical Therapy                      Health Information Management

Other \_\_\_\_\_

**Uniform Size Information Note:** These are in unisex sizes, please choose accordingly. Keep in mind the uniform should be loose fitting. It is better to order a little too large than too small. The scrubs come in sets. We cannot make exchanges or mix top and bottom sizes.

Size	XS	S	M	LG	XL	2X	3X	4X	5X
Bust/chest	35-36	37-39	40-43	44-47	48-50	51-53	54-57	58-60	61-64
Waist	26-27	28-31	32-34	35-38	39-41	42-45	46-49	50-53	54-57
Hip	37-38	39-41	42-45	46-48	49-52	53-56	57-59	60-63	64-67

What size scrub set would you like? \_\_\_\_\_ Please note that sizes 4X & 5X will require an additional \$10 fee

Would you like to order an additional set of scrubs? Yes or No

(One set will be provided at no charge to you. A second set is recommended as scrubs must be cleaned daily.)

**Cost: \$30.00/set for additional sets plus additional \$10 for sizes 4X & 5X (do not include money with this application)**

**ESSAYS:** You must write or type a minimum of 3-5 complete sentences for each of the following essay questions to be accepted into the program. You may type the essays and attach the printout to the application if you prefer.

**1. Why do you wish to participate in the AHEC of a Summer Program, and what do you hope to gain from the experience?**

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**2. Have you ever participated in any volunteer, extracurricular, or community activities? Describe your experiences and tell us what you learned from participating.**

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**3. Why do you have an interest in a career in health care? Explain what caused you to have that interest:**

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