SCHOOL TO EMPLOYMENT PROGRAM (S.T.E.P.) APPLICATION

DEADLINE TO SUBMIT APPLICATION: March 21, 2024

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
Please include city, state & ZIP code

HOME TELEPHONE: _____ CELL PHONE: _____

STUDENT'S PRIMARY E-MAIL ADDRESS: _____

SCHOOL NAME: _____

GRADE LEVEL ____ GPA____ AGE____ SCRUB SIZE____ See: *cherokeeuniforms.com - Unisex Eggplant*

Do you require any special accommodations or equipment to perform tasks to participate in the STEP Program? If yes, briefly describe:

_____

EMERGENCY CONTACT INFORMATION_____
NAME/TELEPHONE NUMBER(S)

Please define your level of interest in the rotations listed below. Please rank order the desired rotations only. 1 equals the most desirable departmental position, and 6 equals least desirable. Only those rotations with a number will be considered for an observation experience in the program.

PROGRAM PATHWAY

Medical			
Radiology/Diagnostic Imaging (CT, MRI, Ultrasound, NucMed, etc.)			
Laboratory (Phlebotomy, Histology, Core Lab, Blood Bank & Micro)			
Nursing (LDRP, Med/Surg/Peds, Surgery, NICU, ER, Residency, etc.)			
Respiratory Therapy (Critical Care areas)			
Rehabilitation Services (Physical, Occupational and Speech Therapy)			
Pharmacy (Retail, Hospital, Coumadin, Surgery Satellite Pharmacy)			

PREVIOUS EMPLOYMENT / VOLUNTEER HISTORY:

ORGANIZATION NAME/ADDRESS	PRIMARY SUPERVISOR	DUTIES & RESPONSIBILITIES

Items required for submission:

- Three letters of recommendation 1) School counselor – form provided and attached 2) Teacher 3) Extracurricular sponsor (coach, principal or assistant or other school-related adult). No letters from family members please.
- Unofficial transcript to include a current statement of attendance and discipline from your high school counselor.

I certify that the above facts are complete and accurate to the best of my knowledge. I also understand that any false statements may be cause for immediate dismissal from the S.T.E.P. Program. If accepted, the following vaccinations are required: MMR, Varicella, TB (done at PMC) and flu shot (required by the end of October).

Student Application Signature *Date*

Attention Student Applicant: In the space provided below, please describe in your own words, why you would like to participate in the School to Employment Program (S.T.E.P.) at Parkview Medical Center. Explain how this experience would benefit you, include what you would bring to the program along with your goals and expectations.

PARENTAL CONSENT

My high school son/daughter has my permission and full support to participate in the School to Employment Program (S.T.E.P.) at UCHealth Parkview Medical Center. It is my understanding that the S.T.E.P. student will be assigned to a department for the specified time required by this program. In order to earn credit for this program in his or her high school, fulfillment of this commitment is required. Be aware that the student may observe situations related to patient care that may make them uncomfortable as they are in a true patient setting. It is observation only fall semester with an internship in the spring with limited duties. It is required that the student provides his or her own transportation. Grades are reported to the school counselors during midterm & final conferences. If interested in grade at any other time, please contact the Community Relations Program Coordinator at Parkview for more information.

_____ _____

Parent or Guardian Signature *Date*

Parkview Medical Center STEP (School to Employment Program)
Recommendation Form

Student's Name: _____

1. In what capacity do you know this student? _____
2. Length of time you have known the applicant: _____
3. List three adjectives to describe the student:
   _____
   _____
   _____
4. Give an example to describe how the student exhibits the above attributes:

5. List any special circumstances/obstacles that should be considered regarding this student:

6. Rate student on areas below: (Scale- 1=Average, 2=Good, 3=Excellent)
   a. Leadership Skills: 1 2 3
   b. Dependability: 1 2 3
   c. Maturity: 1 2 3
   d. Character: 1 2 3
7. Do you recommend this student for the STEP Program?

   Yes____ No ____ Undecided____

Signature:_____ Date:_____

Parkview Medical Center STEP (School to Employment Program)
Recommendation Form

Student's Name: _____

8. In what capacity do you know this student? _____

9. Length of time you have known the applicant: _____

10. List three adjectives to describe the student:

_____
_____
_____

11. Give an example to describe how the student exhibits the above attributes:

12. List any special circumstances/obstacles that should be considered regarding this student:

13. Rate student on areas below: (Scale- 1=Average, 2=Good, 3=Excellent)

e. Leadership Skills: 1 2 3
f. Dependability: 1 2 3
g. Maturity: 1 2 3
h. Character: 1 2 3

14. Do you recommend this student for the STEP Program?

Yes____ No ____ Undecided____

Signature:_____ Date:_____

Parkview Medical Center STEP (School to Employment Program)
Recommendation Form

Student's Name: _____

15. In what capacity do you know this student? _____

16. Length of time you have known the applicant: _____

17. List three adjectives to describe the student:

_____
_____
_____

18. Give an example to describe how the student exhibits the above attributes:

19. List any special circumstances/obstacles that should be considered regarding this student:

20. Rate student on areas below: (Scale- 1=Average, 2=Good, 3=Excellent)

i. Leadership Skills: 1 2 3
j. Dependability: 1 2 3
k. Maturity: 1 2 3
l. Character: 1 2 3

21. Do you recommend this student for the STEP Program?

Yes____ No ____ Undecided____

Signature:_____ Date:_____