

Application Packet
Summer Health
Internship Program
(SHIP)
Summer 2018

For Santa Paula, Fillmore and Piru residents wishing to learn more
about the health care field.



Santa Clara Valley
WELLNESS FOUNDATION

I wish to apply for the :

- Summer Health Internship Program (SHIP) Summer 2018 *(for Juniors and Seniors)*

Submission Instructions

Complete one (1) original application. Make three (3) additional application packets by photocopying the completed original application packet (single sided, no back-to-back copies). Avoid disqualification, follow the instructions carefully.

Assemble each application packet in the following order:

1. Application Form - with sections 1 through 3 completed (print legibly or typed), signed, and dated.
2. Two letters of recommendation – at least one from current faculty or professional supervisor. Letters should be done on letterhead, be signed, and dated within the past 6 months. Letters should attest to your achievements, character, promise, and any sustained community service observed. Ask for them unsealed if possible so you can photocopy them.
3. One essay of 700 to 750 words – (typed double-spaced, 1” margins) that you have written so the selection committee can get to know you better as a person and as a student. Include education and desire to learn more about the healthcare industry. Your essay must state your intent to practice in Ventura County upon completion of studies.
4. Transcripts – complete transcript request form in your school’s Records Office well in advance of the date needed. Do not have transcripts mailed directly to the Foundation. You must pick the transcripts up from your school’s Records Office to include with your application packet. Request one additional Unofficial Transcript that you will use to make photocopies to include in each of the application packets you are submitting and one Official Transcript (sealed) that will be clipped to the top of all the completed application packets you are submitting. Only one official sealed transcript is required to apply.
5. Paper clip each application packet together (NO staples anywhere)
6. All application packets must be received no later than 5:00 pm on January 19, 2018. No faxes, emails, late, or incomplete applications will be accepted. **NO EXCEPTIONS!**

Deliver Packets To

Mail to:
Santa Clara Valley Wellness Foundation
P. O. Box 348
Santa Paula, CA 93061

OR Return to:
Guidance Office or School Career Counselor

Summer Health Internship Program (SHIP) Overview

The Program:

SHIP is a six and a half week paid internship program. The program is for students in the 11th and 12th grades from the Fillmore and Santa Paula High School district areas. In partnership with the County Health Care Agency, the SHIP is an opportunity for eight (8) students to experience the professional opportunities that being a part of the health care delivery system in the Santa Clara Valley can afford.

SHIP participants will learn the various departments of the Santa Paula Hospital Campus; clinic system, go through interviews with program selection member; attend a roundtable lecture on aspects of wellness within the healthcare agency; participate in goal setting for the program; be expected to report, interview, communicate, file, agree to and demonstrate work ethic, workplace expectations, and dress codes; work with other participants in the program; attend SHIP recognition meetings and the Santa Clara Valley Wellness Foundation tea, inaugural interview, program graduation reception, and all program expectations over the course of the program.

Program Information:

The program runs from June to August. Eligible applicants must be entering their junior or senior year in the fall of 2017, or will be graduating from high school by the end of Summer 2018. SHIP interns are paid minimum wage according to state and federal laws, and will develop a schedule and goals with a mentor for their six week assignment to departments and a clinic.

Work days are Monday through Friday and schedules will be made up by the Program Manager in partnership with assigned areas of work. Interns are required to attend the assignment orientations, a new employee orientation, a health care career Q&A session, and the graduation reception.

The SHIP Intern:

Is motivated to experience the professional opportunities of the various aspects of the health care delivery system that is represented by the various departments of the County Health Care Agency. These include on campus departments such as support services, med-surg, OB, emergency, lab, radiology, etc; Clinics; Administration; and support.

To do this an intern begins with the complete application, selection for the program, goal setting, program participation, weekly check in, graduation and follow-up. Each group will undergo basic orientation to the Health Care Agency through employee orientation. This is a three day process. The successful intern will demonstrate a desire to develop discipline within the agency and foundation expectations. Focused through a set of SHIP objective, the intern will experience objective setting, goal measurement and feedback from program mentors through the framework of service delivery.

Program Objective:

To build a skill set, work ethic, and work discipline in a health care field. To develop that set of skills within the local pool to sustain the hospital and health care agency and its programs in the valley. To Link the Santa Clara Wellness Foundation to community wellness by developing employment skills that can allow direct links between services, wellness, and the strong multi-generational nature of the people who are the Santa Clara Valley. To provide an integrated set of programs for development of applicants to the Santa Clara Wellness Foundation Scholarship program. To link wellness to all aspects of the people of Santa Clara Valley.

SECTION 1

Name _____ Phone # _____
Last Name First Name M.I.

Address _____
Number & Street City State Zip

Age ____ Sex ____ Email _____ Social Security # _____
Last 4 of

I have resided in Fillmore, Piru or Santa Paula since (month/year) _____

Parent(s) or Guardian(s) Name(s): _____

What high school will you, or have you graduated from? _____

Phone #: _____

Name of School and City _____ Graduation Date (Month/Year) _____

High School GPA (cumulative/un-weighted) _____

Other Secondary School(s) attended (Name/Dates Attended): _____

If currently attending college, provide the following:

Name of School & City, State Start Date _____

College GPA: _____

I am a college (check one): freshman sophomore junior senior

Graduating high school seniors & transferring community college students should list names of colleges/universities/trade schools you have applied to or plan to attend: *(List in order of preference; circle the schools you have been accepted by so far)*

Expected area of study or college major: _____

Test Scores (as applicable)

SAT: Total _____
Math _____ Critical Reading _____
Writing _____ ACT _____

AP Exams _____

SECTION 2

Print Applicant Name: _____

Use only the space provided here to list your school, community, volunteer, and/or work experience.

Include both start & end dates of involvement for school & community activities; note hours spent per week & weeks per year. Type or print clearly.

School Activities: List the extracurricular school activities in which you have participated during your high school years (or in college if you are now a college student). Please list activities in order of importance to you.

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hrs Per Wk/Wks Per Year

Community Volunteer Activities: List the community, volunteer and/or religious activities in which you have participated during your high school years (or college as applicable). List activities in order of importance to you.

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hrs Per Wk/Wks Per Year

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SECTION 2 (Contd.)

Print Applicant Name: _____

Work Experience: List any paid work experience you had during the past 3 years, beginning with most recent position.

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hrs Per Wk/Wks Per Year

I attest that all of the preceding statements in this application are true.

Applicant Signature _____ Date _____

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Important Privacy Notice for Consumers

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

Your Rights

You have the following rights to restrict the sharing of personal and financial information with our Scholarship Committee, which is comprised of independent volunteers from the community. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law.

Your Consent

By signing this document below, you hereby grant permission to the Santa Clara Valley Wellness Foundation to share and disclose personal and financial information with the members of our Scholarship Committee. **If the applicant is under 24 years of age, both the applicant and parent/legal guardian must sign this form.**

Your consent will remain in effect until revoked or modified by you. You may revoke your consent at any time by providing the Foundation with written notice of your intent to revoke this consent. Santa Clara Valley Wellness Foundation will maintain this document or a true and correct copy thereof. You are entitled to a copy of this document upon request and may want to keep a copy of this document for your records. ***NOTE: If this consent form is unsigned, your application WILL NOT be considered.**

DATE:

Applicant (Print Name)

Applicant Signature

DATE:

Parent/Legal Guardian (Print Name)

Parent/Legal Guardian Signature

DATE:

Parent/Legal Guardian (Print Name)

Parent/Legal Guardian Signature

Section 3 (Contd.)

*NOTE: Your parents DO NOT have to sign this form IF you are an independent student age 24 or older. You may claim independent status only if you have (1) served in the military, (2) are a ward of the courts, (3) are married and living away from your parents, or (4) you have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years.

Consent for Publicity: (optional) If selected as a recipient of the internship administered by the Santa Clara Valley Wellness Foundation, I agree to allow my name and/or photograph to be utilized in news releases and publicity materials of the Santa Clara Valley Wellness. If applicant is a minor under the age of 18, parent/guardian must also sign this consent for publicity.

Student Signature and Date

Parent/Guardian Signature and Date

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CERTIFICATION

I certify that all the information on this form is true and complete to the best of my (our) knowledge. **If asked by any authorized official of Santa Clara Valley Wellness Foundation, I (we) agree to give documentation for information given on this form. I (we) realize that this proof may include a copy of a U.S. tax return and/or state income tax return.** I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving the scholarship.

Applicant signature

Date

Parent (or spouse if applicable) signature

Date