

PROGRAM APPLICATION
June 17 - July 19, 2024



**SUMMER HEALTH
INSTITUTE**

Applications and teacher referral forms must be submitted to SHI@SalinasValleyHealth.com by **4:00pm on March 13, 2024**. Submitting your application confirms that you are making a commitment to the 100% attendance requirement.

Please request your teacher referral(s) as soon as possible to ensure they have adequate time to complete the required form. If needed, additional referral forms can be requested via email to SHI@SalinasValleyHealth.com or call 831-755-0772.

You will receive a Parent Consent Form in the onboarding packet we will review during the April 3 program meeting if you are selected as a participant or alternate.

Please complete ALL fields below and submit forms via email as a pdf attachment saved with your name as the filename (ex: LName_FName_SHIapp). We are unable to open links to Google Docs. Incomplete applications will not be considered.

Name: _____ Last 4 Digits of Social Security #: _____

School: _____

Current Grade in School: ____Junior ____Senior GPA: _____ Lab Coat Size: _____

Mailing Address: _____
(Street Address) (City) (Zip)

Phone (Home/Cell): _____/_____ Email: _____

Parent Name: _____ Parent Email: _____

Have you taken any classes related to healthcare? ____Yes ____No (If yes, please describe below)

Have you volunteered in a healthcare setting? ____Yes ____No (If yes, please describe below. Be specific.)

What do you hope to achieve during Summer Health Institute?

Who recommended you for Summer Health Institute?

Name: _____

Phone Number: _____

Email: _____



Applicant Personal Statement

To help us understand your experience and interests related to the Summer Health Institute, please clearly describe your qualifications in the following areas:

1. Describe your interest in a healthcare career. Be specific about the field(s) you are considering and what inspired you to pursue a health career. For example: What type of patient do you see yourself caring for or what type of administrative work do you see yourself doing?
2. How do your career goals align with your personal values or interests?
3. Describe your plan to prepare for your chosen career field, including your short-term and long-term educational goals. Knowing that pursuing a health career requires discipline and dedication, what are your plans to keep yourself focused as you begin your educational journey? Be as specific as possible.
4. Describe any work or volunteer experience you have performed in a healthcare setting. Please describe dates served, duties performed, learning objectives, location of service, any leadership roles, and name of your supervisor(s).
5. Describe a time when you worked with others on a team project or to solve a mutual problem. How did you work together and what did you learn about being a team player?
6. Describe a time when you overcame a challenge or obstacle to achieve a goal and any opportunities or resources you accessed during the process.



7. Health disparities are preventable differences in quality of health and healthcare among different groups of people. Some factors that influence health disparities include social, economic, cultural, and/or environmental factors. How would you address a patient who you feel is having challenges accessing the care they need?

8. Summer Health Institute challenges students to engage critical thinking skills throughout the program, including clinical case study assignments. Based on the case study described below, to the best of your ability, please describe what disease and complications you think the patient is experiencing and outline the thought process you followed to come to that conclusion. Be specific.

A 15-year old female presents to the Emergency Department with shortness of breath, abdominal pain, and vomiting. The patient reports that she is urinating more frequently than usual, feels fatigued, and has increased appetite and thirst. Despite eating more, she has lost 19 pounds in the past three months. Patient has a family history of Hashimoto's Disease and Celiac Disease. During the initial examination, the physician notes the patient's breath has a fruity odor and orders blood tests and urinalysis. Lab results showed the patient has a glucose level of 535 mg/dL, bicarbonate level of 13 mmol/L, and ketones present in her urine.



9. During SHI, students will work in teams to research and advocate for a health issue in our community to create awareness and provide suggested interventions to improve health outcomes. Please review the following statements and select a topic to discuss in your answer below. Discuss why you believe the topic is a significant issue in our community and propose at least one recommended intervention.
- a. Increasing numbers of children are being diagnosed with Type II Diabetes. While not completely preventable, the risk can be reduced through lifestyle changes.
 - b. Large numbers of our community's residents do not access preventive health care for themselves or their families, partly because they are not aware of the symptoms and risk factors of serious diseases which are chronic, yet treatable, and also because they are not aware of the many resources available to them.
 - c. Heart disease is a leading cause of illness in the United States. While not completely preventable, the risk can be reduced through lifestyle changes.
 - d. Injuries from falls are among the highest percentage of preventable Emergency Room visits for patients over 65 years of age.
 - e. Smoking is a leading cause of preventable heart and lung disease.
10. Please describe any special circumstances that you would like the selection committee to consider when reviewing your application.

Referral/Recommendation Form

For all SHI applicants

Due to Salinas Valley Health Volunteer Services
by 4:00pm March 13, 2024



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Referring Teachers/Counselors:

Please submit completed forms **via email to shi@salinasvalleyhealth.com**. If you are uncertain about how to rate a specific item, please note n/a and feel free to route to additional colleagues as necessary/appropriate until all items are complete. Your ratings and comments will remain confidential, only reviewed by program staff and interns for the purposes of ranking applicants.

Applicant Name: _____ School: _____

Is student available to fully participate all day every day of the Institute? _____ Yes _____ No

Is student able to provide documentation of eligibility to work in the U.S.? _____ Yes _____ No

Is student able to participate in a virtual learning environment? _____ Yes _____ No

Please complete the remainder of this referral form only if the answer to all of the above questions is Yes. If unsure, please verify with student before proceeding with referral.

Name(s) and contact information of instructor(s)/counselor(s) completing referral:

1 Name _____ Title _____

E-mail _____ Phone _____

Optional Additional Referrers, as needed:

2 Name _____ Title _____

E-mail _____ Phone _____

3 Name _____ Title _____

E-mail _____ Phone _____

If you have questions about the referral form or process, please contact Salinas Valley Health Volunteer Services Department at 831-755-0772 or shi@salinasvalleyhealth.com.



Please rate students on the following items to the best of your ability. Blanks will be calculated as a zero. If you do not know the answer, please enter N/A and forward to a colleague to assist so students receive full credit where it's due.

ACADEMICS	Possible Score	Ref. 1	Ref. 2 Optional	Ref. 3 Optional
	Please enter your score in the column to the right			
Health Academy/FAST Academy	5 – 3 years 3 – 2 years 2 – 1 year 0 – No Health Academy			
Science	5 – 4 years of science, including biology and chemistry 3 – 3 years of science, including biology and chemistry 2 – 2 years of science 0 – 0-1 years of science			
Medical Terminology/Human Anatomy	5 – Coursework in Human Anatomy AND Medical Terminology 2 – Training in Human Anatomy OR Medical Terminology 0 – No training in anatomy or terminology			
Health-Related R.O.P. Coursework For students requesting credit for R.O.P. coursework completed or in progress, please route application to R.O.P. instructor(s) to complete this question and add ratings to relevant questions in the interpersonal skills portion of this referral form.	R.O.P.Course(s): R.O.P.Instructor(s): Date(s) of R.O.P. Coursework: 10— Student has successfully completed 2 or more health-related R.O.P. courses with satisfactory attendance and performance and is recommended without hesitation. 5— Student has successfully completed 1 health-related R.O.P. course with satisfactory attendance and performance and is recommended without hesitation. 1—Student has completed 1 or more health-related R.O.P. course, but some reservations about suitability for SHI. Please explain in comments below: 0—Has not completed a health-related R.O.P. course or instructor has strong reservations about suitability to the program/not willing to recommend. Please explain in comments below:			
INTERPERSONAL SKILLS				
Individual communication skills	5 – Mature and articulate 3 – A little shy, but articulate and willing to participate 0 – Very timid & appears unwilling to overcome			
Leadership skills	5 – Demonstrates leadership skills without dominating 3 – Participates and can organize team, but not a natural leader 0 – Does not participate or dominates and doesn't value others' input			
Engagement	5 – Prepares in advance and actively participates 3 – Prepares in advance, but does not consistently take the initiative to contribute or does not prepare, but positively participates by asking and answering relevant questions 0- Does not prepare in advance or participate in class activities			
Confidence	5 – Accepts coaching/constructive feedback with positive results/improved outcome 3 – Listens to coaching, but is highly sensitive or non-responsive 0 – Exhibits defensive or negative attitude when coached			



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General Demeanor	5 – Expresses positive, approachable personality (i.e. smiles easily, open body language, etc.) and is comfortable communicating with diverse population. 3 – Expresses positive attitude, yet reserved and uncomfortable communicating in new circumstances 0 – Expresses negative or disinterested personality upon approach (i.e. slouching, frowning, rolling eyes, etc.) or so reserved it is impossible to discern positive energy			
SUBTOTAL POINTS	50 Points Possible			

Please sign below and add additional comments regarding student's suitability for SHI.

1.Name: _____

Comments:

Signature: _____

2.Name: _____

Comments:

Signature: _____

3.Name: _____

Comments:

Signature: _____

Thank you for taking time to complete this referral form.

If you have any questions, please call Salinas Valley Health Volunteer Services at 831-755-0772 or email shi@salinasvalleyhealth.com

After this form is complete, please email as an attachment to shi@salinasvalleyhealth.com.