



Southwest Health System Summer Intern Program

About the Program

The Summer High School Intern Program is designed to encourage youth to get involved with their community by providing volunteer services to patients and families of Southwest Health System while learning about a vast array of health careers. This is a great opportunity for those that wish to pursue careers in the medical field. The Summer Interns offer support by working in a number of departments, as well as coordinating at least one community service event.

The SHS Summer Intern Program is for teenagers ages 14 – 18. All prospective Interns must complete an application, interview, health screening, background check, and drug screen before beginning Internship.

Acceptance into our program is very competitive, and we aim to make this program meaningful for our Interns.

The Process

1. Complete applications, including background check disclosure, must be filled out by the student and returned to the Education Department no later than Sunday, April 30th. *(Incomplete applications and applications received after the deadline will not be considered.)*

Applications can be hand delivered or mailed to:
Meghan Higman RN, BSN
Southwest Health System, Inc
1311 North Mildred Road
Cortez, CO 81321



2. All applicants must be entering high school this fall, or currently enrolled in high school, and be between the ages of 14 -18 years old. Applicant must be 14 years of age by June 1.
3. **All applicants** must attend an interview with a parent or guardian on Tuesday, May 16, or Wednesday, May 17, from 4:30 pm to 7:00 pm. Interviews will be held at Southwest Memorial Hospital in the Hospital Conference Room, in the main lobby near the gift shop. At this time the students will receive information regarding program expectations. Questions are welcomed from students and/or parents.
4. Letters of acceptance or regret will be mailed to each attendee no later than May 20th. Please understand that our program can only provide a limited number of placements for Interns.
5. **All accepted applicants** will be required to:
 - i. Attend a **mandatory** orientation. Orientation will be Monday, June 5th and Tuesday, June 6th from 8am-5pm.
 - ii. Complete a student background check disclosure and return with application. All volunteers under the age of 18 will require parental consent for the background check.
 - iii. Complete a drug screening. SHS will schedule and pay for the cost of the screening.
 - iv. Provide copy of all immunizations to date. SHS will schedule and pay for the cost of a TB skin test during orientation. Immunization records need to be included with your application.
6. The program is scheduled to begin on Monday, June 6th with orientation and conclude Wednesday, August 2nd with an awards lunch.
7. Interns will spend Wednesday mornings together from 9:00am – 12:00pm for healthcare presentations by various departments in the organization and to work on group projects.



Frequently Asked Questions (FAQ's)

Q: How many hours is each Intern required to complete?

A: Generally 8-16 hours per week. It could be any number of days throughout the week, but we also want these young adults to enjoy their summer vacation! If an Intern has vacation plans this would be something to share during your interview.

Q: What will I be doing here?

A: Each Intern is assigned to different areas, which might include clerical, customer service, assistance to nursing staff, dietary services, and reception services to name a few. These positions can be anywhere in the hospital to include the ER, Surgery, Lab, and Radiology depending on the Interns age, aptitude, and interests.

Q: When will I be notified of acceptance?

A: Applications are processed in the date order in which they are received. Letters of acceptance will be sent no later than May 20th.

Q: What if I do not have vaccination records?

A: For our health records, and to maintain the safety of our patients, we request a copy of all vaccinations to date. At a minimum it is a State requirement for all individuals working or volunteering in a healthcare facility to have a TB skin test current within one year and a Flu vaccination during flu season. If you are not current on your childhood immunizations this may limit which clinical areas you can rotate through. If accepted in to the program, SHS will provide the Intern with any additional vaccinations that are required.

For more information, feel free to call the Education Department.

We appreciate your willingness to share your time, talents and energy here at Southwest Health System!

Sincerely,

Meghan Higman RN, BSN

Education Director

970-564-2160

mhigman@swhealth.org



SOUTHWEST HEALTH SYSTEM

INTERN CHECKLIST

The following, including this form, need to be submitted with your application

Name of Student: _____

☐ 2-page application

☐ Short essay (250-500 words) addressing why you are interested in becoming an Intern

☐ One letter of recommendation

☐ Background check application

- please assure all applicant info is completed including social security number
- must be signed by Intern and parent/guardian

☐ Immunizations / Vaccinations:

- A copy of up-to-date vaccine history must be submitted
- RECOMMENDED - The following is a list of "currently recommended" vaccinations to be included in the vaccine history:
 - MMR vaccine or status blood work
 - Hepatitis B vaccine or status blood work
 - Hepatitis A vaccine
 - TD/Tdap vaccine
 - Varicella status blood work

Southwest Health System, Inc.
ATTN: Meghan Higman, RN, BSN
Education Director
1311 North Mildred
Cortez, CO 81321
Office: (970) 564-2160
Fax: (970) 564-2167
mhigman@swhealth.org

Please attach a short essay (250-500 words) addressing why you are interested in becoming an Intern at SHS, what areas of health care interest you, and what you hope to learn from your intern experience.

Also attach one letter of recommendation from a school counselor, teacher, or person who has worked with you in a supervisory capacity (not a family member). Your application will not be accepted until this recommendation has been received.

As a Summer Intern I understand that I am required to:

1. Be a student entering high school, or in high school, between the ages of 14 and 18.
2. Have a written consent from a parent or guardian. Consent granted by parent signing below.
3. Provide detailed information in a short essay regarding interest in the Intern program.
4. Have a referral from a school counselor, teacher or other person who has worked with you in a supervisory capacity; cannot be family.
5. Follow the hospital rules and regulations which will be specified on the Medical Release and Intern Agreement form covered during interviews.
6. Work at least 8-16 hours per week on regularly scheduled shifts Monday-Friday.
7. Contact the Education Coordinator **IMMEDIATELY** regarding any absences from duty. Failure to do so may result in termination from the Intern Program.

Summer Intern Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Medical Release:

Primary Care Provider: _____ Phone Number: _____

Allergies/Special Health Concerns: _____

I will honor the confidentiality of the patients, associates, and business of Southwest Health System, Inc. I will not mention or discuss patients within the hospital or away from the hospital. I also understand that I am not covered by the hospital's workers' compensation policy. If I am injured during my shadow experience, I understand I am not provided Workers Compensation Insurance or Health Insurance by SHS and my personal health insurance will be billed. In the event of injury or illness at SHS, I grant consent for treatment. I release SHS, and individuals from liability in case of accident during activities related to SHS, as long as normal safety procedures have been taken. I understand that based off of my immunization records submitted that I may incur costs if an exposure incident occurs and additional testing or treatment is necessary. It is a privilege to be a part of business and patient care activities at SHS, and I agree to follow the direction and guidance of the associate I am shadowing.

Signature

Date

If the applicant is under the age of 18, the parental/guardian signature below indicates your approval to the above statement and support of your minor's application to shadow at Southwest Health System, Inc. In case of injury, permission is granted to SHS to give emergency care, if necessary. I understand that my minor is not covered by the SHS's Workers Compensation policy and if injured, my minor's personal health insurance will be billed.

Parent's/Guardian's Signature

Date

Southwest Memorial Hospital # 7478

APPLICANT INFORMATION

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. ____ / ____ / ____ Date of Birth¹ _____
Email address: _____ (Provide if you prefer to receive information via email)
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

Name of High School, College, University or Institution of Professional Training where you completed the highest level (☐ GED – provide state) _____

Campus Name _____ Campus City _____ Campus State _____

Name on GED or under which you graduated _____

Year(s) Attended _____ Year Graduated/GED Completed _____

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

Type _____ State/Region or Issuing Organization _____ Country _____ Number _____

*Have you ever been convicted of a crime? Yes ☐ No ☐ (Please attach a separate sheet of paper to provide additional entries)

Offense _____ County _____ State _____ When _____

Offense _____ County _____ State _____ When _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency.

(Please attach a separate sheet of paper to provide additional entries)

1. City: _____ State: _____ Date From: _____ Date To: _____

2. City: _____ State: _____ Date From: _____ Date To: _____

3. City: _____ State: _____ Date From: _____ Date To: _____

4. City: _____ State: _____ Date From: _____ Date To: _____

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature: _____ Date _____

STATE LAW NOTICES

Minnesota or Oklahoma applicants or employees only: Please mark an X in the designated field if you would like to receive a free copy of a consumer report if one is obtained by the Company. The report will be mailed to the current address you indicated on this form. _____

California applicants or employees only: Please mark the following field if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. The report will be mailed to the current address indicated above. _____

California applicants or employees only: By marking an X in the designated field, you will receive and are acknowledging receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. _____

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Client by directly contacting PreCheck Inc. Additionally, please mark this field to receive and acknowledge receipt of a copy of Article 23-A of New York Correction Law. _____

Maine applicants or employees only: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy. _____

Massachusetts applicants or employees only: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a Copy. _____

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. _____

¹ The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Southwest Memorial Hospital # 7478
VOLUNTEER DISCLOSURE & AUTHORIZATION

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. _____ / _____ / _____ Date of Birth¹ _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your application to volunteer with the Company. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773-2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteering with the Company to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes ☐ No ☐

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date _____

www.PreCheck.com info@precheck.com
ph: 800-999-9861 fax: (800) 207-2778

Nevada Private Investigator License # 1618

Ver0813

Signature of Parent/Guardian if less than 18 years of age

Date