



## Requirements

1. Must be 16 years old prior to attending.
2. Return completed application to Professional Development no later than May 23, 2022.
3. Copy of your valid, photo ID and proof of completed COVID-19 vaccination  
(1 dose Johnson & Johnson or both doses of Pfizer or Moderna)  
**Or**  
Completed declination form- contact Freeman for the declination form and additional information
4. One reference completed by a school counselor or teacher.  
If not currently enrolled in school, a former counselor/teacher or current employer is acceptable.
5. In a paragraph, describe why the Freeman Health Academy would benefit your career goals. Also, identify what areas of the healthcare profession interests you.



### **What is the Freeman Health Academy (FHA)?**

The Freeman Health Academy provides local teens and adults the opportunity to have an introduction to healthcare professions. FHA is a weeklong program where participants get to experience hands on skills training, job shadowing, and explore career opportunities in a healthcare setting.

### **Who is eligible to participate in the Freeman Health Academy Program?**

**In order to be eligible** for selection to participate in the Freeman Health Academy:

- Completed application with supporting documentation
- No disciplinary actions
- Must be at least 16 years old prior to attending a Health Academy session

### **What will be offered in the Freeman Health Academy Program?**

Classes will begin in summer 2022. Participants will have the opportunity to learn information about career opportunities in a health system and job shadow in various units throughout the facility. Job shadowing is a chance for applicants to work alongside unit staff and see the everyday operation of various departments within the facility.

Hands-on labs at Freeman will also be offered for participants. Topics for labs include (but are not limited to) dissections, CPR, blood draws, starting IVs, vital signs and assessment techniques.

### **Who do I return my application to?**

Once your application is completed, you will return it to Freeman Professional Development Department (Freeman East Building). The application may be returned in person, by email ([professionaldevelopment@freemanhealth.com](mailto:professionaldevelopment@freemanhealth.com)), by fax 417-347-0016, or by mail to Freeman Health System – Professional Development Department 932 E 34th St. Joplin, MO 64804

Incomplete applications will NOT be reviewed during the selection process.

### **Am I required to be fully vaccinated against COVID-19?**

Yes. Your application must include proof of your completed COVID-19 vaccination. A completed vaccination is 1 dose of Johnson and Johnson or both doses of Pfizer or Moderna. A booster vaccine is not required.

### **What should I wear?**

You may wear business casual clothing or scrubs. Closed toed shoes are required. **No** jeans, shorts, tank tops, tube tops, revealing/inappropriate attire. If you do not have appropriate attire, we can arrange for you to check out a set of scrubs.

### **Do I have to wear a mask?**

At this time, masks are required while in all Freeman facilities. While in the classrooms where social distancing can be maintained, participants may take off their masks. Cloth masks may be worn in non-clinical areas. If you shadow in a clinical area, a surgical mask will be provided.

### **When will I know if I am accepted as a participant in the Freeman Health Academy?**

You will receive an email notification by June 3, 2022 if you have been selected for one of the Health Academy sessions. Please respond to the email to confirm that you will be in attendance. You must attend all days in the session.



# Application

## Summer 2022

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Ok to Text: Yes No

Email: \_\_\_\_\_

Please place in order that you would prefer to attend- 1 being first choice. Mark an X next to any session that you are unable to attend. You must be 16 years old prior to the start of the session.

\_\_\_\_\_ June 13<sup>th</sup>-17<sup>th</sup>      \_\_\_\_\_ June 20<sup>th</sup>-24<sup>th</sup>      \_\_\_\_\_ July 5<sup>th</sup>-8<sup>th</sup>      \_\_\_\_\_ July 25<sup>th</sup>-29<sup>th</sup>

What size shirt do you wear? Adult: \_\_\_\_\_ Youth: \_\_\_\_\_

High school (Full name of school): \_\_\_\_\_

Area of interest: \_\_\_\_\_

Are you fully vaccinated against COVID-19? Yes No

Do you have a latex allergy (please circle): Yes No If yes, please state the reaction: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent/guardian name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Academic Reference

Regarding School Year 2021-2022

To be completed by a school counselor/teacher or if not currently enrolled in school a current employer may complete the form. Reference may not come from a relative.

Applicant's name: \_\_\_\_\_ Student's GPA: \_\_\_\_\_

Name/title of person completing form: \_\_\_\_\_

School/Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your relationship to the student: \_\_\_\_\_

How would you describe this applicant's character?

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Would you recommend this applicant for the program? If yes, why?

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Please check the most appropriate box regarding applicant:

	Excellent	Good	Fair	Poor
Punctuality				
Attitude				
Reliability				
Ability to work with others				

