



Hackensack
Meridian *Health*
Raritan Bay Medical Center
Perth Amboy

January 10, 2018

Healthcare Connection @Raritan Bay Medical Center

Dear Sir or Madam:

Raritan Bay Medical Center would like to invite your students to participate in our Healthcare Connection program. This is our seventeenth year that we are offering this summer program to high school students in the area.

Students entering their senior year in the Fall 2018 semester, who are seriously considering a career in the healthcare field to apply to the Healthcare Connection program. This year we will accept a maximum of six students for the program and there will be no cost to the student.

The three-day program is at Raritan Bay Medical Center, Old Bridge, and Perth Amboy, on **August 22-24**. Participants will have exposure to a variety of health care professions. I have enclosed an application and all pertinent information about the program. Additional applications can be found online at WWW.RBMC.ORG, choose volunteer at the top of the page, and then scroll down to the Healthcare Connection section. **Applications are due with a postmark date no later than May 4th.**

Please feel free to contact me at (732) 324-5006 with any questions or for additional application packets.

Sincerely,

Susan Pasternack
Manager, Volunteer Services

Enclosure

Healthcare Connection Application
August 22-24, 2018

Name: _____ Date: _____
 (First) (MI) (Last)

Street Address: _____

City & State: _____ Zip Code: _____

Cell Number: _____ Birth date: _____

Email: _____

Parent(s)/Guardian: _____ Daytime Phone: _____

Name and telephone number of person to be contacted in case of an emergency:

_____ Phone: _____

Family Physician: _____ Phone: _____

School: _____ Guidance Counselor: _____

Do you have any medical conditions, allergies, or take medication on a regular basis? Please be specific:

List any previous work, clubs, or volunteer experience: _____

Are you a current or past volunteer at Raritan Bay Medical Center: ___Yes If so, when:

Please list any friends or relatives that work at Raritan Bay Medical Center, either Perth Amboy or Old Bridge: _____

Attach a **1,000 – 2,000 word essay** from one of the following choices: 1. How can healthcare leaders equip care teams to handle opioid use and abuse in ways that keep the human experience front and center? 2. Pros and Cons: Should marijuana use be legalized? 3. Should the FDA take a firmer stance on the sale and advertisement of supplements sold on television? **Word count required please place in the foot note. Academic honesty is important, plagiarism/essays from the internet will be cause for disqualification.**

Applicant Signature

Date

Parent/Guardian Signature

Date

Application Deadline: Must be postmarked on or before May 4, 2018.

Return to: Susan Pasternack, Volunteer Services Department
Raritan Bay Medical Center, 530 New Brunswick Ave., Perth Amboy, NJ 08861

Raritan Bay Medical Center | 2018

1. **AGE:** Applicants must be at least 16 years old and entering their senior year of high school in the fall 2017 semester to be eligible for selection.
2. **APPLICATION:** Prospective applicants must submit an application and high school transcript to Raritan Bay Medical Center. Filing an application does not ensure acceptance into the program. Participants will be chosen based on personal qualifications and traits as demonstrated through the transcript, application, personal recommendations, and interview (if selected). All decisions made by the selection committee are final. All components must be postmarked on or before May 4th.
3. **Application Process:** No applicant will be given preferential treatment whether they were/are a RBMC Junior volunteer. It is the sole responsibility of the applicant to ensure that all paperwork has been completed properly and submitted before the deadline. The applicant should contact our office via phone or email to confirm that their total application has been received before the deadline date.
4. **RECOMMENDATIONS:** Applicants must have recommendation forms completed by **their guidance counselor and one teacher**. Recommendations must be mailed directly to Susan Pasternack, Volunteer Services Department, Raritan Bay Medical Center, 530 New Brunswick Avenue, Perth Amboy, New Jersey 08861 or faxed. **Deadline: May 4, 2018(Postmark date)**
5. **INTERVIEW:** Selected applicants will be contacted to schedule an interview with the Selection Committee at Raritan Bay Medical Center.
6. **RESPONSIBILITY: If chosen for the program (August 22-24, 2017), participants must attend and participate in all of the planned activities.** The program will provide an intensive learning experience that will involve exposure to a variety of hospital environments, some of which may be of a sensitive nature (e.g. patient floors, Emergency Department and Operating Room).
7. **TRANSPORTATION:** If chosen for the program, participants must provide their own transportation to and from the Perth Amboy and Old Bridge campuses of Raritan Bay Medical Center.
8. **STATEMENT OF GOOD HEALTH:** After being accepted into the program, the student must provide a copy of their immunization records, including verification of a screening test for tuberculosis within the last 12 months and a receipt of the MMR booster vaccination. If necessary, Raritan Bay Medical Center will provide the screening test free of charge to those accepted.

I have read the above requirements, understand them, and wish to apply to participate in the Raritan Bay Medical Center Healthcare Connection program.

Signature: _____ Date: _____
(APPLICANT)

I have read the above information and give my permission to the applicant, should he/she be chosen, to participate in Raritan Bay Medical Center's Healthcare Connection program.

I give permission for a copy of my child's immunization records to be released to the Volunteer Services Department at Raritan Bay Medical Center.

Signature: _____ Date: _____
(Parent/Guardian)





- 6. Interest in healthcare field (if you have such information):

- 7. Reliability and willingness to stick to a commitment such as this:

- 8. How long have you known the applicant?

- 9. Why do you believe this applicant should be considered for this program?

Full Name/ (Please print)

Title (Guidance/Teacher)

Signature

Date

High School

Daytime Phone

RETURN TO: Susan Pasternack, Volunteer Services Department, Raritan Bay Medical Center,
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Deadline: Postmark date on or before May 4, 2018.



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