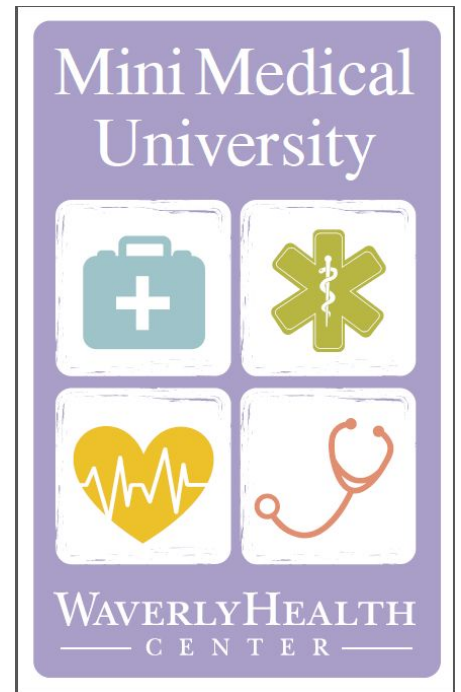


# Waverly Health Center Mini Medical University Program Information

WHC's **Mini Medical University** is designed to give students the opportunity to learn about a variety of health care careers through interactive presentations and hands-on learning activities

This program will be one week in length beginning July 22 and ending July 26, 2019. Program time will be 8:00 a.m. – 12:00 p.m.



**Applicants MUST be available to attend each day for the full time and to fill out a brief pre-survey and one each day during the session.**

Participant cost - \$85 (*to be paid after acceptance into the program*). If you require financial assistance, some scholarship money is available courtesy of the WHC Auxiliary. Please indicate this need in your letter of application. You will be contacted to provide further information if you are selected to participate.

## **Application deadline is May 3, 2019!!**

Applicants will be considered based on:

- Approved application with parent or legal guardian signature
- Counselor/Teacher Recommendation Form
- Maintenance of a 2.3 or above GPA
- Minimum age of 15 years and have completed freshman year of high school
- Letter of application

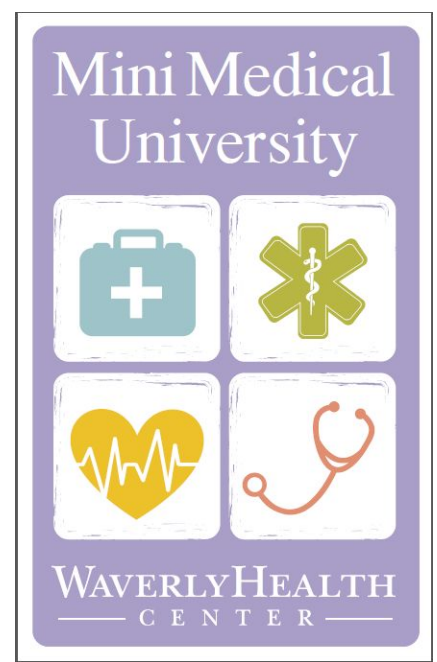
### **Benefit to Waverly Health Center:**

- Promotes health care careers
- Contact with future health care workers

### **Benefit to the Mini Medical University participants:**

- Opportunity to learn about a variety of health care careers with WHC staff

Program Contact: Melinda Pitt  
Volunteer Services Manager  
319-483-4076  
[mpitt@waverlyhealthcenter.org](mailto:mpitt@waverlyhealthcenter.org)



# Mini Medical University Application Checklist

Please use the following checklist to make sure your Mini Medical University application is complete! You need to submit the following:

- Completed application
- Letter of Application
  - Why you want to be part of Mini Medical University?
  - How will you benefit from the program?
  - Why are you a good candidate for Mini Medical University?
- Recommendation Form given to a teacher or counselor
- Copy of your most recent grades

Selection to Mini Medical University will be based on the application materials and space is limited to 15 participants. **Application deadline is May 3, 2019!!** Participants will be selected and notified in mid-May via student's email.

This application may be returned to the Registration Desk at the WHC Green Entrance; emailed to [MPitt@waverlyhealthcenter.org](mailto:MPitt@waverlyhealthcenter.org); or mailed to:

Waverly Health Center  
Attn.: Melinda Pitt  
312 Ninth St. SW  
Waverly, IA 50677

# Waverly Health Center Mini Medical University Application

NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ YR IN SCHOOL: \_\_\_\_\_

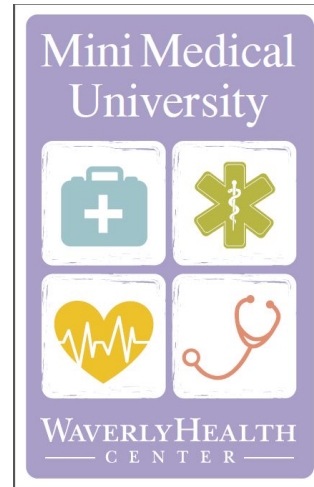
DATE OF BIRTH: \_\_\_\_\_

PARENTS/GUARDIANS: \_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

(Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_  
\_\_\_\_\_



T-shirt size (circle one)

S      M      L      XL      XXL

IN CASE OF EMERGENCY NOTIFY:

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(RELATIONSHIP)

\_\_\_\_\_  
(PHONE)

## PERMISSION GRANT

I understand the risk involved in being exposed to disease while working in a health care facility. I understand training in Infection Control to protect volunteers, staff, and patients/residents will be provided.

Permission is hereby granted to this applicant to participate in Mini Medical University at Waverly Health Center sponsored by Volunteer Services and the Administration of the hospital.

I understand that to participate, this applicant must be current on all immunizations and free of communicable disease. Verification of immunizations may be required.

**I verify that I will be available to attend Mini Medical University in its entirety.**

\_\_\_\_\_  
(Signature of Parent or Guardian)      (Date)

\_\_\_\_\_  
(Signature of Applicant)      (Date)

**A copy of your most recent grades and a letter of recommendation must accompany this application.**

# Volunteer Services

## *Mini Medical University Recommendation*

To: Counselor or Teacher

Re: Recommendation for \_\_\_\_\_ to participate in the Mini Medical University program at Waverly Health Center.

School: \_\_\_\_\_

Please evaluate the teen on the following qualities and return the form to Volunteer Services at the address below. Your response will be held in confidence.

Qualities	Exceptional	Above Average	Average	Below Average
Scholastic Aptitude				
Attendance				
Appearance/Hygiene				
Dependability				
Trustworthiness				
Acceptance of Others				

Personality: Extrovert: \_\_\_\_\_ In-between: \_\_\_\_\_ Introvert: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you have any reservations about this teen having contact with your hospitalized loved-one?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signed: \_\_\_\_\_, Title: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your assistance! Your input helps us attract and maintain a high caliber of participants at Waverly Health Center. We hope their experience in service to others makes each of our participants a better-rounded student and citizen.

If there is anything you wish to discuss about the Mini Medical University program, please call or email me.

Sincerely,

Melinda Pitt  
 Volunteer Services Manager  
 Waverly Health Center  
 312 Ninth St SW  
 Waverly, IA 50677  
 (319) 483-4076  
[mpitt@waverlyhealthcenter.org](mailto:mpitt@waverlyhealthcenter.org)