



# Pre-Health Professional Volunteer Program

Summer 2020

Penn Medicine Princeton Health Volunteer Services Department is excited to offer the Pre-Health Professional Volunteer Program for the summer of 2020!

This program allows students considering a career in medicine, nursing or the allied health professions to gain first-hand experience in the healthcare field. In order to gain an understanding of the work and responsibilities of healthcare providers in a modern hospital complex; students who participate in the program will volunteer their time in clinical areas, observe procedures, and attend lectures.

If you are interested in the program, please continue to read through this packet. If you determine you are eligible to apply, please complete and submit the application for and all supporting documents to Volunteer Services Department by **Friday, March 27, 2020 4:00 pm EST**. Late submissions will not be accepted.

For questions, please call the Volunteer Services Department at (609) 853-6010.

## Important dates to remember:

March 27 – application deadline

March 30- April 10–interviews take place

April 13 –decisions will be made

June 1 – program starts

**For more information, call 609.853.6010.**



## 2020 Penn Medicine Princeton Health Pre-Health Professional Program

### Purpose of Program:

Penn Medicine Princeton Health Pre-Health Professional Program will provide opportunities for undergraduate and recently matriculated students to explore the health sciences field before making applications to medical school or other professional graduate programs.

### Time Frame:

The Pre-Health Professional Program will run from June 1st until August 7th 2020.

### Participant Requirements:

Candidates must meet the following criteria:

1. Be enrolled in a pre-professional health related program OR have interest in pursuing a health science degree/program in the near future.
2. Have or obtain a valid CPR card for healthcare providers (BCLS) before June 1, 2020.
3. Have completed your sophomore year of undergraduate studies by the start of the program. (No freshmen or sophomores may apply at this time.)
4. Have a cumulative GPA of 3.2 or higher.
5. Be able to commit to a 10-week summer program with only 1 week of vacation during the summer of 2020.

The deadline for the application is **Friday, March 27, 2020 4:00 pm EST**. All applications will be reviewed by Volunteer Services staff and eligible applicants will be invited to a formal interview. Those accepted into the program will need to provide documentation that indicates immunization/clearance from the following: Rubella (German Measles), Rubeola (Measles), Varicella, (Chicken Pox), Hepatitis B, and Tuberculosis.

\*Please note this is a competitive program. We will be accepting only 10-15 participants.



### Training and Orientation:

Prior to the June 1, 2020 start date, Pre-Health Program participants will be required to complete clinical education. Participants will be educated on the following topics:

- Identifying Medical Emergencies/Initiating Codes
- Patient Communication (including dealing with patients with cognitive impairments)
- Body Mechanics
- Infection Control and Blood Borne Pathogen Training
- Bed Making/Wheelchair Transport Training
- Obtaining Vital Signs/Use of Equipment
- Nutritional Needs of Patients/Feeding of Patients
- Functional Status of Patients/Fall Precautions
- Sensitization to issues of ill/elderly
- Emergency Department Orientation
- Operating Room Orientation

### What to expect as a participant:

Each Pre-Health Program participant will be required to complete the following:

1. Complete one six-hour shift each week in the Emergency Department and/or on a nursing unit. The nursing units include but are not limited to Medical/Neurology/Oncology, Critical Care, Surgical Care, Acute Care for Elderly, and Acute Rehabilitation. These shifts will be scheduled Monday-Friday between 9am and 6pm.
2. Schedule and perform twelve shadow experiences. Departments participating in the shadowing experience may include but are not limited to the following:
  - Administration
  - Laboratory/Pathology
  - Medical Records
  - Respiratory Therapy
  - Visiting Nurse
  - Maternity
  - Medical Records
  - Central Supply
  - Case Management
  - Primary Care
  - Human Resources
  - ECG/Cardiac Rehab
  - Diabetes Education
  - Radiology/Interventional Medicine
  - Operating Room/Recovery Room
  - Nursing Administration
  - Rehab Services (PT, OT, Speech)
  - Patient Relations
3. Attend weekly physician/health professional lectures. All lectures are tentatively scheduled for Tuesday evenings starting the first week from 4pm-6pm. Topics of lectures will include basic and specialty areas of practice, medical ethics, legal and risk management issues and more.

*\*All observations will require a written report documenting your experience. These reports are due at the end of the program.*



## Pre -Health Professional Volunteer Application Checklist

- Pre-application checklist
- Application form
- Official or unofficial transcripts
- Current Resume
- Personal Statement
- Two professional references in sealed, signed envelopes

**All documents are to be submitted in one envelope** and received by Volunteer Services by **Friday, March 27, 2020 4:00 pm EST.**

\*\* Late submissions will NOT be accepted.

\*\* Incomplete applications will NOT be accepted.



### **Pre-Health Professional Volunteer Pre-Application Checklist**

You must answer yes to each of the questions listed below in order to be eligible to participate in this program. **You MUST initial each box and submit this pre-application checklist with your application form** and all other documents. If you cannot answer yes to each of the questions, you are not eligible to participate in the program and should not apply.

1. Will you have completed your sophomore year of college by the start of the program?

Yes, I have/or will have completed my sophomore year of college.

2. Are you able to commit to 6 hours of volunteering and 2 hours of lecture time per week along with varying hours for observations in select departments between the dates of June 1st and August 7th?

Yes, I am able to make the commitment as outlined above.

3. Do you have or are you able to obtain CPR certification for healthcare providers (BCLS) before June 1, 2020.

Yes, I have or am able to obtain this certification before June 1st.

4. Do you have a cumulative GPA of 3.2 or above?

Yes, I have a cumulative GPA of at least 3.2.



## Penn Medicine Princeton Health Pre-Health Professional Program Application

- Please read carefully. For this application to be reviewed it must be complete and legible.
- **All documents are to be submitted in one envelope** and received by Volunteer Services **Friday, March 27, 2020 4:00 pm EST.**
- Applications can be mailed or handed in to: Volunteer Services Department, 1 Plainsboro Rd., Plainsboro, NJ 08536
- Complete applications will be reviewed and qualified candidates will be invited for an interview.

### Personal Information (Please Print)

Last Name:			First Name:			Middle Name:		
Current Address: Street, City, State, Zip Code								
Cell Phone			Home Phone:			E-mail Address		
Emergency Contact (Last, First)			Phone number:			Relationship:		

### Education, Interest and Experience:

- Please provide official **or** unofficial transcripts
- Please provide a current resume. The resume should include the following (in no particular order):
  - College/University Name, Degree Program, Cumulative GPA
  - Volunteer Experience (include Penn Medicine Princeton Health volunteer activities/hours, if any)
  - Work Experience
  - Certifications and Awards

### Personal Statement:

- Please include a statement on **one printed page** addressing the following topics:
- Why you wish to participate in the program
  - What you believe sets you apart from other applicants
  - What you hope to learn from participating in this program and how this program fits into your overall career plans



**Pre-Health Program/Volunteer Agreement:**

During the processing of this application and if accepted into the Penn Medicine Princeton Health (PMPH) volunteer program I agree to the following:

1. I give permission for any necessary medical treatment to be given in the event of illness or an injury.
2. I understand that a volunteer assignment and any related documents are in no way a contract, promise, or consideration of paid employment. I know that I will not be compensated for my service.
3. I agree to commit to the required amount of time for the Pre-Health Professional Program which includes but is not limited to: 6 hours of volunteer service per week, 2 hours of lecture per week and observations with varying timeframes. I understand that no references will be completed on my behalf unless I have successfully completed the program and submitted all required materials (observation journal).
4. I release from all liability and responsibility all persons and entities, requesting or supplying information related to this application, including my present employer if contact is authorized. Upon leaving my service with PMPH, I authorize the release of information in connection with my service. I grant permission to PMPH to conduct a background check on me including a check of my education, employment, licensure, driving, criminal records and personal and professional references. I understand that if I am rejected for service based upon information contained in these records, I will be notified and may obtain a copy of the report upon my request.
5. I understand that I am required to complete the PMPH volunteer orientation and meet all requirements set forth in PMPH's Volunteer Competency policy, as in effect from time to time.
6. I hereby authorize and permit PMPH to take, obtain and make use of photography and publicity of myself. I understand that such photography, interviews, and information may be used for inclusion in media reports and in PMPH publicity materials and publications that have been discussed with me prior to their publication. I understand that this will be done without compensation to me.
7. I understand that any misstatement, omission or misleading information given in my application or interview or in connection with other PMPH records may result in the rejection of my application, the withdrawal of any offer of placement or termination from service.
8. If accepted, I will abide by PMPH rules, regulations, policies and procedures, which I understand are subject to change by PMPH.
9. I agree to notify PMPH if any of the information I provide during the enrollment process changes at any time.
10. I understand that my volunteer assignment may be terminated at any time, with or without cause, in PMPH's sole discretion.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_









**Section 2**

Please rate the applicant on the following:

	Outstanding Strength	Strength	Competent	Needs Improvement	Weakness/Not Developed
Promptness					
Initiative					
Emotional Maturity					
Communication Skills					
Ability to work on a team					
Willingness to assist					

In what capacity do you know the applicant, and for how long?

\_\_\_\_\_

\_\_\_\_\_

How does the applicant approach people, different age populations, and cultures or lifestyles different from their own? (Please check one)

Open-mindedness       Curiosity       Acceptance       Caution       Judgment

Are you aware of anything that would prevent the applicant from being an effective volunteer?

\_\_\_\_\_

\_\_\_\_\_

Keeping in mind the importance of commitment, reliability, stability, confidence and good judgment, what overall recommendation do you give this applicant? (Please check one)

My highest recommendation       I recommend       I recommend with reservations       I cannot recommend this person to your program

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





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- |  |                                      |  |   |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> My highest recommendation | <input type="checkbox"/> I recommend | <input type="checkbox"/> I recommend with reservations | <input type="checkbox"/> I cannot recommend this person to your program |
|--|--------------------------------------|--|---|

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_