



## Healthcare Career Exploring



**Are you interested in a career in the healthcare field?**

**Are you curious if you have what it takes?**

**Join the Genesis Healthcare Career Exploring Post!**

Join a team of your peers and learn from experts in the healthcare field! Get involved and learn about healthcare through hands-on experiences, not from a boring textbook. Explore Oncology, the Lab, Emergency Department, Surgery, Cardiology, the Birth Center, and experience the Simulation Center!

Exploring is a monthly program provided by Genesis to help you discover and achieve your life goals! Registration is only \$44 for the school year!

Meetings are in Davenport on the following dates from 5:30-7:00 PM: 9/19, 10/17, 11/21, 12/19, 1/16, 2/20, 3/19, 4/16

**If you are selected, you must attend registration on 9/19**

Space is limited to 25 participants, so register today! If interested, complete the application on the back of this flyer and send it in!

For questions about the program, email [morgan.kuhlman@scouting.org](mailto:morgan.kuhlman@scouting.org)



GENESIS HEALTH SYSTEM

Office Use Only:

RCVD: \_\_\_\_\_

APRVD: \_\_\_\_\_

DECL: \_\_\_\_\_

Application for Participation -2019- 2020 Deadline: September 12<sup>th</sup>, 2019

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Teacher or Counselor Recommendation- Name of Educator: \_\_\_\_\_

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

Parent First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature- I give permission for my child to apply to participate in the Genesis Health Exploring Program. I understand that applying does not guarantee acceptance.

X \_\_\_\_\_ Date: \_\_\_\_\_

I want to participate in the Genesis Health Exploring Program, and I make the commitment to attend every meeting. Meetings are in Davenport on the following dates from 5:30- 7:00 PM: 9/19, 10/17, 11/21, 12/19, 1/16, 2/20, 3/19, 4/16

This schedule works for me.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

On a separate sheet of paper, or by email, please tell us why you want to participate in the Genesis Health Exploring program, what healthcare experience you have, and why we should accept you into the program.

Submit this form to Morgan Kuhlman, Illowa Council, 4412 N Brady St, Davenport, IA 52806 or email to [morgan.kuhlman@scouting.org](mailto:morgan.kuhlman@scouting.org) Questions? Call Morgan Kuhlman at 563-219-1267