



January 1, 2018

Dear Prospective 2018 Summer Youth Internship Program Participant:

Thank you for expressing an interest in the 2018 Erie County Medical Center Summer Youth Internship Program administered by the ECMC Foundation. Enclosed is an application for your completion, a consent form for your parent(s) or guardian to sign and a recommendation form for your school counselor **and** your Math **or** Science teacher to complete. It is required that you have over an 80% GPA and submit your second quarter report card. The application and all other required paperwork **must** be received by **Friday, March 2, 2018 at 4:00 pm** at the ECMC Foundation, 462 Grider Street, Suite G-1.

This is a very competitive program, typically with 400 applicants; only 100 applicants will be chosen to be in the program this year. Your application should represent academic strength as well as leadership and community service. Once your completed paperwork is received, your application will be pre-screened, and based upon its quality, we will contact you for an interview.

The internship assignments will be offered to students on either a Monday/Wednesday or a Tuesday/Thursday schedule only and will begin Monday, July 9, 2018 or Tuesday, July 10, 2018 and end on Wednesday, August 1, 2018 or Thursday, August 2, 2018 respectively. Attendance is imperative. The program will begin with a mandatory one-day orientation session for **all** participants to be held on **Friday, July 6, 2018** from 8:30-2:30. A Summer Youth Program Awards Ceremony/Reception will be held on Wednesday, August 1st and Thursday, August 2, 2018 depending on which schedule you work. **Please note this information for future reference.**

I look forward to working with you this summer as you learn about health careers and obtain “work experience” here at ECMC.

ECMC is not just a place to work... we are a community of caring.

Sincerely,

Satoria Donovan
Summer Youth Internship Program Director

Please note: Once notified of your acceptance, you will be required to provide working papers, an up-to-date immunization record, and an ECMC medical form with proof of a current PPD (to be completed by your physician) within 30 days of your notification. These forms must be filled out in order for you to be assigned to a hospital “work placement”. If you do not have immunizations, you will not be able to be eligible to participate in the program.



2018 Summer Youth Program



2018 SUMMER YOUTH INTERNSHIP PROGRAM – JULY 9th – AUGUST 2nd

The ECMC Summer Youth Internship Program provides 100 high school students with an opportunity for self-development by exposing youth to a variety of hospital-based careers. This program will take place during the summer of 2018. The mission of the program is to nurture interest in health services and to help meet the future need for qualified personnel in this field.

The participants will receive \$100.00 stipend per week for **perfect attendance** and a meal ticket for lunch for 6 hours per day of service, twice a week for four weeks. Participants will be required to participate in a **mandatory** orientation and will be placed in various hospital-based internships at the medical center. They will also receive health career seminars and participate in a CPR or an Injury Prevention course. A reference letter confirming the participant's completed hours in the program as well as a certificate for his/her coursework will be awarded to participants who complete a total of 48 hours.

A culmination luncheon will be offered to the youth participants where final stipends, certificates and awards will be presented.

WHAT YOU NEED TO KNOW

1. You must be at least 15 years of age, attending 10th, 11th or 12th grade Fall 2018.
2. If you are under 18 years of age, working papers are required before you can start your assignment. Your school guidance counselor can provide you with an application for working papers or directions on how to obtain your working papers.
3. An orientation will be held at the beginning of the program. Attendance is **mandatory** in order to participate in the program. Orientation will be held on **Friday, July 6th from 8:30am – 2:30pm**.
4. A total of 12 hours per week is expected. Perfect attendance is required to receive a weekly stipend.
5. Interns will receive a scrub top to wear while on duty. It is your responsibility to keep it clean, ironed and neat. You will be issued an ID badge that must be worn in the hospital at all times.
6. Please dress professionally as you represent ECMC and the ECMC Foundation to our patients, visitors and staff. Jeans, bare midribs, baseball caps, etc. are not permitted. The use of personal cell phones while on duty is not permitted.
7. Rubber soled shoes or sneakers are preferred. No open toe sandals or flip-flops are allowed.
8. Interns must be prompt and report for duty on the days scheduled. Everyone will be required to punch in and out using the hospital's time clock system.
9. **When the Summer Youth Internship Program has ended, the return of your ID badge to the Program Director is required.**

Thank you in advance for your interest in providing service to the patients, families and staff of Erie County Medical Center.



2018 Summer Youth Program



Application Check List

Make sure you are eligible for application review! Complete and submit all of the required paperwork!

- 15 yrs. old or older and will attend 10th, 11th or 12th grade in Fall 2018
- Completed and signed application
- Completed intern characteristics form
- Copy of Second Quarter's report card (80% overall GPA required)
- Recommendation from Guidance Counselor (or program counselor i.e. STEP, Buffalo Prep, etc.)
- Recommendation from either Math or Science Teacher
- Signed Consent to Treat form
- Signed media consent from
- Signed parent/guardian consent form
- All paperwork completed and mailed

Address

ECMC Foundation Summer Youth Internship Program
ECMC Foundation
462 Grider Street, Suite G-1
Buffalo, New York 14215
716-898-5800

Application Deadline is Friday, March 2, 2018 at 4:00 p.m. Thank You!

Grade	_____
Schedule	_____
Department	_____



Summer Youth Internship Program Application (Use ink, print legibly or type.)

Last Name:		First Name:	
Address:		City/Town: Zip Code:	
Home Phone:		Cell Phone:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>		Email:	
Date of Birth:		Name of Emergency Contact:	
Name of Parent or Guardian:		Relationship:	
Alternate Phone:		Phone:	
Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will You Graduate from High School this Year? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have working papers? Yes <input type="checkbox"/> Please attach copy or No <input type="checkbox"/> must submit prior to start of SYP	
School Attending:	Current Grade:	Current GPA:	

Please answer the following questions:

Were you a participant in the ECMC Summer Youth Program last year? Yes ___ No ___

Why are you interested in the ECMC Summer Youth program? _____

Are there any physical limitations that might affect your ability to "work"? (explain) _____

List any accomplishments/experiences that are related to healthcare: _____

Do you have any special interests, hobbies, or talents? _____

Your Signature:		Date:	
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2018 Summer Youth Program



Parent/ Guardian Permission Form

To Whom It May Concern:

My son/daughter _____ has my permission to serve as a Summer Youth Internship Program Participant at the Erie County Medical Center and is physically able to do so.

I understand that my child's eligibility for the Summer Youth Internship Program is contingent on his/her good health. I further understand that it is my responsibility to arrange for my child's transportation to and from the Medical Center.

Thank you,

Signature of Parent/ Guardian _____

Relationship _____ Date _____

In the event that your child is selected, we will provide a scrub shirt to be worn as a participant in the Summer Youth Internship Program. Please circle the size below:

Scrub Shirt Size: S M L XL 2XL 3XL



2018 Summer Youth Program



Intern Characteristics Form

Please complete this form and submit it with your application.

Last Name: _____
 Address: _____

First Name: _____
 City: _____ Zip: _____

1. Household income: (circle one income level) Based on number of members living in your household, including yourself.

1 Person Household	2 Person Household	3 Person Household	4 Person Household
\$14,150 or less	\$16,200 or less	\$20,160 or less	\$24,300 or less
\$23,600 or less	\$26,950 or less	\$30,300 or less	\$33,650 or less
\$37,700 or less	\$43,100 or less	\$48,500 or less	\$53,850 or less
\$37,700 or more	\$43,100 or more	\$48,500 or more	\$53,850 or more
5 Person Household	6 Person Household	7 Person Household	8 Person Household
\$28,440 or less	\$32,580 or less	\$36,730 or less	\$40,890 or less
\$36,350 or less	\$39,050 or less	\$41,750 or less	\$44,450 or less
\$58,200 or less	\$62,500 or less	\$66,800 or less	\$71,100 or less
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2. Race **RACE** - Please Note: Hispanic, Latino, and/or Puerto Rican is **NOT** your RACE.
Hispanic, Latino, and/or Puerto Rican is your ETHNICITY.
Check which group listed below best pertains to you

1	White	6	American Indian or Alaskan Native <i>and</i> White
1 A	White <u>AND Hispanic, Latino, or Puerto Rican</u>	6 A	American Indian or Alaskan Native and White <u>AND Hispanic, Latino, or Puerto Rican</u>
2	Black or African American	7	Asian <i>and</i> White
2 A	Black or African American <u>AND Hispanic, Latino, or Puerto Rican</u>	7 A	Asian and White <u>AND Hispanic, Latino, or Puerto Rican</u>
3	Asian	8	Black or African American <i>and</i> White
3 A	Asian <u>AND Hispanic, Latino, or Puerto Rican</u>	8 A	Black or African American and White <u>AND Hispanic, Latino, or Puerto Rican</u>
4	American Indian or Alaskan Native	9	American Indian or Alaskan Native <i>and</i> Black or African American
4 A	American Indian or Alaskan Native <u>AND Hispanic, Latino, or Puerto Rican</u>	9 A	American Indian or Alaskan Native and Black or African American <u>AND Hispanic, Latino, or Puerto Rican</u>
5	Native Hawaiian or other Pacific Islander	10	Other Multi Racial (<u>Hispanic, Latino, or Puerto Rican are not RACES</u>)
5 A	Native Hawaiian or other Pacific Islander <u>AND Hispanic, Latino, or Puerto Rican</u>	10 A	Other Multi Racial <u>AND Hispanic, Latino, or Puerto Rican</u>

3. Who do you live with (check one)

Mother Both Parents
 Father Other Who _____

4. Do you consider yourself with a severe disability?

1	Yes
2	No

CERTIFICATION: I acknowledge this information as submitted above has been examined by me and is true and correct.

Parent Signature _____ Date: _____



CORPORATION

462 Grider Street, Buffalo, New York 14215 * 716-898-3000

**NON-PATIENT / NON-CLIENT CONSENT
For Photography, Audio, Video Recording, Publication**

NAME: _____
(PLEASE PRINT)

I consent to having a/an Photograph taken of me on July, August 2018
 Videotape taken of me on July, August 2018
_____ Audiotape Recording taken of me on _____
_____ Interview published _____
(Date)

RE: ECMC Foundation Summer Youth Internship Program

I agree to the use of this material for: (Circle those applicable)

Teaching	Yes	No
Public relations information	Yes	No
Research	Yes	No
Publication	Yes	No
Other _____	Yes	No

I understand that I will not be compensated by ECMC for the use of this photo, audio/video recording or printed/published article.

(Date) (Signature)

(Date) (Parent or Guardian Signature*)

(Witness/Administrative Signature)

*Required if subject is under 18 years of age



2018 Summer Youth Program



TEACHER/COUNSELOR RECOMMENDATION

STUDENT'S NAME _____

SCHOOL _____

Please fill in chart below according to the student's ability:

	Above Average	Average	Below Average	Not able to evaluate
Willingness to learn				
Ability to complete assigned duties				
Responsibility				
Dependability				
Interpersonal skills				
Empathy for ill/handicapped individuals				
Honesty				
Maturity				
Personal appearance/grooming				
Willingness to follow rules				
Ability to follow instructions				

What are this student's greatest strengths, abilities and talents? _____

What problem areas might impact this student's performance as an ECMC Summer Youth Program participant? _____

Address this student's motivation for participating and their ability to contribute to the program? _____

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

SCHOOL: _____

ADDRESS: _____

PHONE: _____



2018 Summer Youth Program



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What problem areas might impact this student's performance as an ECMC Summer Youth Program participant? _____

Address this student's motivation for participating and their ability to contribute to the program?

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

SCHOOL: _____

ADDRESS: _____

PHONE: _____



Dear Health Care Provider:

As a New York State requirement for a hospital-based Summer Youth Internship Program, each prospective participant must meet pre-employment health standards. Kindly complete this form for your patient who is seeking such an opportunity at the Erie County Medical Center.

Thank you,

Satoria Donovan
Summer Youth Internship Program Director

Participant's Name: _____

Date of Birth: _____

1. Is this person in general good health and free from communicable disease?

Yes No (If No, please comment on reverse side)

2. Date of Last Exam: ___/___/___ (physical exam must be after July 2017)

3. Rubella immunization Date: _____

or

Rubella antibody test or results: _____ Date: _____

4. Mumps immunization Dates: 1st _____ 2nd: _____

or

Mumps antibody test results: _____ Date: _____

5. Rubeola (measles) immunizations dates: 1st: _____

2nd: _____

or

Rubeola (measles) antibody test results: _____ Date: _____

6. **SCREENING MUST BE DONE PRIOR TO PROGRAM START: TB SKIN TEST (PPD):**

Date: _____ Type: _____ Results: _____ mm

Known prior positive test; PPD skin test not performed.

7. Diptheria/tetanus Date: _____

OPTIONAL

Hepatitis B vaccine Dates: 1st: _____ 2nd: _____ 3rd: _____

Other (Specify): _____

Signature of Examining Provider: _____ **Date:** _____

Return or fax to ECMC Foundation, 462 Grider Street Suite G-1, Buffalo, NY 14215, 716-898-5783