



660-829-6652 • 601 E. 14th St. • Sedalia, MO 65301 • www.brhc.org

BRHC Medical Explorer Post 75 Application

General Information

Last Name: _____ First: _____ MI: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Social Sec # _____ - _____ - _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Date of birth: _____ Highest Grade Completed: _____

Name of High School _____ Gender _____ Male _____ Female

Emergency Contact: _____ Relationship: _____ Phone: _____

How did you find out about the program?

_____ BRHC Employee _____ Friend _____ Parent _____ School Contact

_____ Medical Explorer _____ Other _____
(Name)

Activities Information (please attach additional pages if more space is needed)

Extracurricular Activities - Please list your school and extracurricular activities (high school years only)

Community Service – Please list your community service activities (high school years only)

Essay submission

On a separate sheet of paper, please submit two paragraphs (minimum) describing the following:

- What has inspired you to explore the healthcare field as a potential career option?
- How do you hope the Bothwell Medical Explorer program will help you learn more about healthcare?

Dress Code For Program

Students are required to wear khakis or black pants to educational sessions; either of these or scrub pants (if desired) maybe worn in clinical areas while on rotation sessions. Explorers will be provided with a Medical Explorers shirt, also to be work during all activities.

Please circle your preferred unisex t-shirt size: S M L XL 2XL 3XL 4XL

Program Fees

The cost of the program is \$62.00 per year. Please do not enclose payment with this application. Payment of program fees will be collected at the first meeting. *****Please do not enclose payment with this application.***

Please indicate if you participate in the free lunch program at your school and would like information about financial assistance for Explorer fees through the Zach Parsons Scholarship program? ___ yes ___ no

Terms and Conditions

I _____ have provided the information contained in this application of my own free will and certify that all statements and representations are true and correct. By signing this application, I give permission to Bothwell Regional Health Center and it's designees to use this information for its intended purpose, and hold harmless Bothwell Regional Health Center from any liability for supplying this information.

I understand that if I am accepted as a Medical Explorer, I will abide by the personnel policies and procedures put forth by Bothwell Regional Health Center, including, but not limited to attending educational meetings and aligning to the BRHC standards of conduct including adherence to patient confidentiality. I agree to provide a copy of my Driver's License or Missouri Identification Card and a copy of my most recent (current) grade card showing at least a B average. I will update these forms as my personal information changes.

I will do my best at all times to uphold the mission and quality care expectations of Bothwell Regional Health Center; and strive to maintain an enthusiastic, cheerful presentation of myself and those around me.

I, the undersigned, hereby agree to the terms and conditions of the Bothwell Medical Explorer Program at Bothwell Regional Health Center, Post 75.

► Applicant's Signature: _____ Date: _____

If applicant is under the age of 18, please have parent/legal guardian sign below:

► Parent/Legal Guardian Signature: _____ Date: _____

Please enclose:

- Application
- Essay submission
- Grade Card
- Letter of Recommendation

RETURN TO: Beth Everts, Bothwell Regional Health Center, 601 East 14th St., Sedalia, MO, 65301