# ONE-DAY HEALTH CAREER OPPORTUNITIES PROGRAM CANTON, IL

**TUESDAY, JUNE 26, 2018** 

Participation will be limited due to space constraints. Applications will be accepted on a first-come, first-served basis with a deadline of Monday, June 18, 2018. Application and supporting documents should be sent to Laura Hepp Kessel, Assistant Director – Office of Regional Programs, SIU School of Medicine at <a href="Ikessel21@siumed.edu">Ikessel21@siumed.edu</a> or mailed to 175 S Main Street, Canton IL 61520. Laura may also be reached at 309-543-2199.

**TUESDAY, JUNE 26, 2018** 

9:00AM-4:30PM

**SPOON RIVER COLLEGE** 

ENGLE BUILDING - RM E205, 23235 COUNTY ROAD 22, CANTON

Presentations will include information regarding Medical Research and 3D Models, Nursing and More! Fun Hands-on Activities will also be offered!

TRANSPORTATION TO SPOON RIVER COLLEGE IN CANTON WILL BE THE RESPONSIBILITY OF THE STUDENT. OUTSIDE OF TRANSPORTATION, ALL EXPENSES FOR THE DAY WILL BE COVERED BY THE SIU School of Medicine including a light breakfast and lunch.

#### **APPLICATION SUBMISSION REQUIREMENTS**

PLEASE ENSURE ALL FORMS ARE FILLED OUT COMPLETELY INCLUDING REQUESTED SIGNATURES.

- APPLICATION (2 PAGES)
- SIU School of Medicine Photo Permission Form







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#### **EXPECTATIONS OF PARTICIPANTS**

- ARRIVE BY 8:45AM AND SIGN-IN AT THE REGISTRATION TABLE ON THE SECOND FLOOR OF THE ENGLE BUILDING (ROOM E205).
- Be courteous and respectful to others.
- BE AN ACTIVE PARTICIPANT IN ALL ACTIVITIES.
- RESPECT THE PROPERTY OF OTHERS.
- RESPECT THE AUTHORITY OF SIU SCHOOL OF MEDICINE AND SPOON RIVER COLLEGE STAFF AND OTHERS IN LEADERSHIP ROLES.
- USE APPROPRIATE LANGUAGE AND WEAR ACCEPTABLE CLOTHING.
- Show kindness to others and give assistance when needed.
- BE HONEST AND HONOR COMMITMENTS.
- STRIVE FOR PERSONAL BEST AND KEEP TRYING TO IMPROVE.
- ACCEPT RESPONSIBILITY FOR PERSONAL CHOICES.
- CELL PHONES ARE ALLOWED AS LONG AS THEY ARE ON SILENT AND NOT A
  DISRUPTION TO THE PROGRAM. THEY SHOULD ONLY BE USED DURING BREAKS
  OR FOR EMERGENCY PURPOSES.

#### EMERGENCY PHONE NUMBERS FOR JUNE 26, 2018

- ❖ Spoon River College 309-647-4645
- **❖** Laura Hepp Kessel, SIU School of Medicine, 309-543-2199



### ONE-DAY HEALTH CAREER OPPORTUNITIES PROGRAM APPLICATION — PAGE 1 CANTON, IL

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| STUDENT INFORMATION   |  |
|-----------------------|--|
| NAME                  |  |
| STREET ADDRESS        |  |
| CITY, STATE, ZIP CODE |  |
| Home Phone            |  |
| CELL PHONE            |  |
| EMAIL ADDRESS         |  |
| DATE OF BIRTH         |  |
| FALL 2018 GRADE LEVEL |  |
| AND SCHOOL            |  |
| DIETARY OR OTHER      |  |
| SPECIAL REQUESTS      |  |
| PARENT/GUARDIAN NAME  |  |
| PARENT/GUARDIAN       |  |
| Address               |  |
| PARENT/GUARDIAN       |  |
| Phone                 |  |
| PARENT/GUARDIAN EMAIL |  |



## ONE-DAY HEALTH CAREER OPPORTUNITIES PROGRAM APPLICATION — PAGE 2 CANTON, IL

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| HAVE YOU PARTICIPATED IN A HEALTH CAREER OPPORTUNITIES PROGRAM WITH SIU SOM BEFORE? IF SO, WHICH ONE? |  |  |  |
|---|--|--|--|
| WHAT IS YOUR CURRENT CAREER INTEREST IN THE HEALTH CARE FIELD?  |  |  |  |
|   |  |  |  |

| PERSON TO NOTIFY IN CASE OF EMERGENCY |  |  |
|---------------------------------------|--|--|
| Name and Relationship                 |  |  |
| STREET ADDRESS                        |  |  |
| CITY, STATE, ZIP CODE                 |  |  |
| HOME/CELL PHONE                       |  |  |
| WORK PHONE                            |  |  |
| EMAIL ADDRESS                         |  |  |

| AGREEMENT SIGNATURES                    |  |
|---|--|
| STUDENT SIGNATURE                       |  |
| STUDENT NAME (PRINTED) AND DATE         |  |
| PARENT / GUARDIAN SIGNATURE             |  |
| PARENT/GUARDIAN NAME (PRINTED) AND DATE |  |





### Southern Illinois University School of Medicine Office of Public Relations

### **Photography Permission Form**

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| I hereby expressly release Southern Illinois University S from any and all claims or demands that I might have ag damages in connection with the use of the photographs a understand that all negatives, positives, prints, digital rep of Southern Illinois University School of Medicine or of them. | ainst any of them to any remuneration or<br>and other recordings referred to herein. I further<br>productions and videotape shall be the property  |
| IN WITNESS WHEREOF this permission form is execu 20  | ated this day of,  |
| WITNESS:   |  |
| School of Medicine Representative  | Signature of individual or parent/guardian   |
| Privacy Officer SIU School of Medicine PO Box 19621 Springfield, IL 62794  | Printed name of individual   |
| r 6  | Printed name of parent/guardian  |

Street Address, City, State, Zip Code



PhotoPermission-2017