

Medical Explorers Program Application

Name: _____ Date: _____
 Home address: _____
 Name of high school: _____
 Gender: _____ or ___ Prefer not to answer
 Race: _____ or ___ Prefer not to answer
 GPA: _____

To consider your application complete, please include the following:

- A copy of this application form
 - A personal statement: Please include an essay that explains why you want to join the Medical Explorers program. Limit 500 words
 - A CV or resume that includes your extra-curricular activities
 - A copy of your high school transcript
 - One letter of recommendation from one of your teachers
 - Parental permission slip
- Name of reference: _____

Please mark which format you are applying for:

\$50 in-person registration <input type="checkbox"/>	\$25 virtual registration <input type="checkbox"/>
<ul style="list-style-type: none"> - Attend all 10 dates in person - Includes hands-on sessions - Medical Explorer polo shirt <p style="margin-left: 40px;">XS S M L XL XXL</p> <p>Women</p> <p style="margin-left: 40px;">XS S M L XL XXL</p> <p>Men</p> <p style="margin-left: 40px;">(Please mark your size)</p> <p style="margin-left: 40px;">I'm willing to join virtual option if not accepted to the in-person program</p>	<ul style="list-style-type: none"> - Lecture sessions only (via Zoom) - No hands-on experience - No polo shirt <p align="center"><u>Credit Card Information</u></p> <p>Name: _____</p> <p>Card Type: _____</p> <p>Card number: _____</p> <p>CVV: _____</p> <p>Expiration Date: __ __ __</p>

If you are experiencing financial hardship, please do not hesitate to contact us.

Please submit completed applications to:
MedicalExplorers@jh.edu

Parental Permission for Teens

Statement of Integrity

I agree to let my teen participate as a volunteer, medical explorer, or observer at Johns Hopkins All Children's Hospital. I believe my teen is disciplined and capable of carrying out assignments at Johns Hopkins All Children's Hospital and understands the importance of following hospital policies and procedures in order to maintain quality patient care and a safe environment.

- I understand my teen is executing a Confidentiality Pledge and will be expected to comply with the terms of that Confidentiality Pledge.
- I certify that my teen has never been convicted of a felony, misdemeanor or any other criminal offenses, and there are no criminal proceedings pending at this time.

Dress Code

In order to present a professional image, teen volunteers, medical explorers, and student observers are required to wear the below attire. I understand my teen will not be allowed to participate if s/he arrives without the appropriate attire. No fragrances are allowed, e.g., no perfumes, cologne or aftershave.

Volunteers are required to wear a Johns Hopkins All Children's Hospital volunteer uniform consisting of a logo polo shirt (available for \$15), khaki or neutral slacks, sneakers or comfortable (closed toe/heel) shoes, and a hospital issued ID badge.

Medical Explorers are required to wear a Medical Explorer polo shirt, khaki or neutral slacks, and sneakers or comfortable (closed toe/heel) shoes.

Student Observers are required to dress in neatly laundered business casual shirt, pants, and sneakers or comfortable (closed toe/heel) shoes and a hospital issued ID badge.

Media Consent

I give permission to Johns Hopkins All Children's Hospital and its related entities to interview, videotape, or photograph my child and use his/her likeness in connection with one or more of the following activities: publications/promotional materials, media relations, website and other interactive communication with elected officials, fundraising activities including but not limited to Radiothon and direct mail.

I have read and agree to the above conditions.

Date:

Name of teen:

Parent's name:

Parent's signature: