



**M*A*S*H CAMP MMC
APPLICATION INSTRUCTIONS & CHECKLIST**

- WHO:** High School Students (in grades 9-12 for the 2010-2011 school year)
- WHAT:** M*A*S*H Camp MMC
A hands-on healthcare careers camp (Tuition is **FREE!**)
- WHEN:** June 21 & 22, 2010, 9 AM to 3:30 PM – 9th and 10th graders for the 2010-2011 school year

July 12 & 13, 2010, 9 AM to 3:30 PM – 11th and 12th graders for the 2010-2011 school year
- WHERE:** Day 1 – Life Development Center in Oak Ridge
Team building activities, ropes course, pre-hospital activities

Day 2 – Methodist Medical Center in Oak Ridge
Job shadowing & skills lab

**Lunch will be provided both days
- WHY:** So students can learn more about the variety of jobs within health care, such as nursing, radiology, respiratory care, pharmacy, laboratory and rehabilitation services. Also, students can learn what classes they need to be taking now to prepare for an exciting future in healthcare!

DEADLINE TO APPLY: May 25, 2010

A complete application packet includes the following:

- Application (filled out and signed)
- Signed photo release

Mail complete application packet to:

Covenant Health Employment Services
Attn: Camp MMC Administrator
280 Fort Sanders West Blvd.
Building 4, Suite 107
Knoxville, TN 37922

Or fax complete application packet to:

Covenant Health Employment Services
Attn: Camp MMC Administrator
Fax: (865) 531-5478

Application packets must be received on or before May 25, 2010. If you have further questions, please contact Linda Kelley at Lkelley1@covhlth.com.

Applicants will be notified via mail if they have been selected to attend a camp or if they are an alternate to attend. Application does not guarantee acceptance to attend.

****NOTE:** Because space is limited, selected participants must agree to attend both days of camp.

Covenant HEALTH®

M*A*S*H CAMP MMC APPLICATION (Please print clearly)

Date: _____ Adult shirt size: _____

Name: _____
Last First Middle

Parent Name(s): _____

Address: _____
Street/Number

_____ City State Zip Code

Home Phone #: __ (____) _____

Other Phone # (Parent work or mobile): __ (____) _____

Email Address (for confirmation that your application was received):

High School: _____ Grade: _____

Area of interest (healthcare):
(Rank by order of interest, 1 being most interested, 7 being least interested)
_____ Emergency _____ Imaging (x-ray dept.)
_____ Rehab Svcs (i.e. PT/OT/Speech) _____ Lab
_____ Nursing _____ Surgery _____ Dietician
_____ Pharmacy _____ Medical Records

Why are you considering a career in healthcare? _____

What do you expect to get from this experience? _____

Are you willing to participate in a ropes course? YES NO

Applicant Signature

Parent or Guardian Signature

FACILITY: Methodist Medical Center

RELEASE – MEDIA

CH80850021 (11/02)

I, _____, hereby authorize/agree for
(Patient/subject's name [printed])

M*A*S*H Camp MMC staff to:

- Interview Audio/video Tape
- Photograph
- Other _____

The intended purpose is: photos will possibly be used for advertisements for future camps or to publicize this year's camp

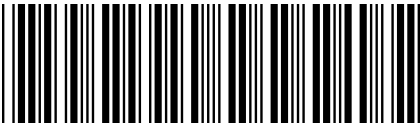
(Purpose of the above)

I hereby release the facility indicated at the top of this form from any and all liability arising from the interview, photograph, video and subsequent publication or broadcast. I agree that the interview, photograph, video are being carried out with my full consent and so assume full responsibility.

Signature of participant or parent or guardian
(if participant is under age of 18):

Date

Marketing Staff Member (if applicable)



Copy – Marketing Dept.