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**Mayo Clinic High School Health Care Boot Camp
Reservation Form**

Please type or print the requested information neatly. If your responses are not legible, your application will not be considered.

**PLEASE READ: If student has a medical emergency, Student will be taken to the Mayo Clinic Emergency Department. Parent/Guardian will be responsible for payment related to emergency evaluation and any resulting treatment.**

#### Name: Last  First  M.I.

#### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State       Zip Code

Home Phone: E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: Age:       Gender (M/F):

In Case of Emergency, Please Notify (Parent/Guardian – Local Person Only)

Name: Relationship:

Home Phone: Cell Phone: Business Phone:

Name of High School where enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level: [ ]  9 [ ]  10 [ ]  11 [ ] 12

REFERRAL: Who referred you to this High School Health Care Boot Camp?

[ ]  Mayo Employee/Physician: [ ]  Relative/Guardian:

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever served as a Volunteer? [ ]  Yes [ ]  No

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LATEX SENSITIVITY/ALLERGIES: Do you have a latex sensitivity or allergy? (Please check one)

 [ ]  No [ ]  Yes If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHOTOGRAPHY CONSENT: Consent to photograph “High School Health Care Boot Camp” participants for use in class related activities and workshop completion ceremony. No external use unless a separate release form is signed.

Parent/Guardian Signature: ­ Date:
 [ ] By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

Student Signature: Date:
 [ ] By checking this box, I attest that the completed information is accurate. Please accept this as my signature.

**Name:**

**ESSAY: Must be at least 250 words.**

***Please tell us why you want to participate in the Mayo Clinic “High School Health Care Boot Camp,” and how you believe it will impact your future.***

**Teacher Recommendation**

**Teacher Name:**

**School:**

**Grade Level and Subject:**

**Student Name:**

**On a scale of 1 to 5, with 5 being the highest score possible, how would you rate this applicant on**

**the following characteristics?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| **Communication Skills** |[ ] [ ] [ ] [ ] [ ]
| **Ability to Work with Others** |[ ] [ ] [ ] [ ] [ ]
| **Critical Thinking and Problem Solving** |[ ] [ ] [ ] [ ] [ ]
| **Punctuality** |[ ] [ ] [ ] [ ] [ ]
| **Motivation** |[ ] [ ] [ ] [ ] [ ]
| **Emotional and Social Maturity** |[ ] [ ] [ ] [ ] [ ]

**Please provide any additional comments that pertain to this student’s strengths, weaknesses, and**

**actions needed to improve this student’s performance.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**