



**Partners** is Lexington Medical Center's Summer Health Career Awareness Program designed to introduce the healthcare industry to bright, enthusiastic High School students of Lexington County, whom have a genuine interest in a healthcare career.

### **Eligibility**

- Rising High School Junior or Senior at the time of application submission
- Lexington County resident or attending a school within one of the Lexington School Districts
- 2.5 GPA required based on a 4.0 scale (must be verified by a school official)

### **Application Procedure**

Application packet must be submitted by **February 1, 2009\***.

Return to school Guidance Counselor/Career Specialist or mail to:

Lexington Medical Center, Human Resources

Attn: Kelli Bennett, Workforce Development Coordinator

2720 Sunset Blvd.

West Columbia, SC 29169

*\*Applications received after February 1, 2009 will not be considered for candidacy.*

### **Program Requirements**

Acceptance into this program requires a commitment for 3 weeks.

3 Day Mandatory Orientation: June 10, 11 and 12, 2009 8:30 am – 3:00 pm

Session A: June 15-19 and June 22-26, 2009 8:30 am – 3:00 pm \_\_\_\_\_

Session B: July 6-10 and July 13-17, 2009 8:30 am – 3:00 pm \_\_\_\_\_

Session C: July 20-24 and July 27-31, 2009 8:30 am – 3:00 pm \_\_\_\_\_

- RANK the session of your choice based on preference
- NO exceptions will be made for band camp, cheerleading camp, Governor's School, vacations, etc.
- Previous programs have brought tremendous response and are highly competitive
- Panel interview will be scheduled for final selection of candidates

**A \$500.00 stipend will be awarded after successful completion of the program.**

### **Questions?**

Contact: Kelli Bennett, Workforce Development Coordinator

(803)936-4104

kjbennett@lexhealth.org



**Section II: Education**

High School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Circle one:            Rising Junior            Rising Senior

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**TO BE COMPLETED BY SCHOOL OFFICIAL**

Present GPA (Inclusive of 9<sup>th</sup> grade and above) Please indicate 4.0 or 6.0 scale

\_\_\_\_\_

School Official Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Section III: Current/Previous Employment (Summer/ Part-Time/Volunteer)**

<b>Name and Address of Company</b>	<b>Dates to/from</b>	<b>Job Title</b>
_____	_____/_____	_____
_____	_____/_____	_____

**Section IV: Letters of Recommendation**

Submit two (2) letters of recommendation displaying your genuine interest in the healthcare industry.

**Section V: Agreement and Understanding**

As the responsible party of \_\_\_\_\_, the undersigned, for and in consideration of the benefit to be derived by my child's participation in the Partners program, do hereby release and forever discharge Lexington Medical Center, it's agents, servants, representatives and staff from and against any and all liability and responsibilities for an injury, illness, or sickness which may result from participation in the Partners Program, and do hereby further agree to indemnify and hold harmless Lexington Medical Center, it's agents, servants, representatives and staff, from any and all liability in such regard. I also understand that he/she will be expected to abide by the dress code and any other hospital policies as part of his/her participation in this program.

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Signature of Parent or Legal Guardian

Date

I certify that the information I have given on this application is true and complete and agree that any false information including that given at the time of physical examination is cause for removal from the Partners Program. The companies, schools, and persons named above may give information regarding me and I release them from all liability for doing so. I understand that participation is conditional on satisfactory results from an Employee Health examination, which may include blood and/or urine tests to detect the presence of illegal drugs or alcohol. I understand my participation requires submitting a full record history of shot immunization/titers as well as completing a 2-step TB skin test during my Employee Health examination. I understand that this is not a contract of employment and Lexington Medical Center has the right to separate me from the program at any time as I have the right to leave at any time.

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Signature of Student Applicant

Date

**\*\* See Guidance Counselor for DEADLINE date. Application should be submitted to your High School Guidance Counselor\*\***

**Mail to:  
Lexington Medical Center  
Attn: Kelli Bennett, Workforce Development Coordinator  
2720 Sunset Blvd.  
West Columbia, SC 29169**