



Mary Washington Healthcare

Future Healthcare Providers of America Program

Mission Statement for Mary Washington Healthcare (MWHC)

To improve the health of the people in the communities we serve.

Purpose of the Future Healthcare Providers of America Program

The Future Healthcare Providers of America Program strives to introduce local high school students to the diverse career opportunities within Mary Washington Healthcare through presentations and tours/hands-on opportunities within Mary Washington Hospital.

Guidelines

- Participation is open to students who live or attend school in the MWHC service area and are genuinely interested in healthcare careers.
- Participants must be between the ages of 14 – 18 and currently attending high school.
- Future Healthcare Providers of America attend monthly meetings held on the fourth Thursday of the month from 6:00 – 7:30 p.m. The meetings are held in the MWH Private Dining Room in the main cafeteria.

Uniform/Dress Code

All Future Healthcare Providers of America are encouraged to wear khaki pants and a polo shirt with a lab jacket. **No jeans! No leggings! No skirts! No shorts! No open toed shoes!** Pants should not have holes or patches and should fit appropriately around the waist. Pants should not hang below the hips. Dresses/skirts/ties are discouraged as we go in the OR during some tours and the protective suits do get warm. Jackets needed are: **Cherokee Snap Front Warm-Up Jacket #4350 Sage Green color.** These can be purchased from Comfort Medical Supply, 1273 Central Park Boulevard, Fredericksburg, VA 22401.

Parental Consent:

In order for your child to participate in the Future Healthcare Providers of America program, we need your consent and involvement in helping your child have a productive experience. Please carefully read and sign this parental consent form. If you have any questions or would like further information, please call the program advisor, Tricia Wolfrey, at 540-741-1452.

- I understand that my child, _____ wishes to participate in the MWHC Future Healthcare Providers of America program and I hereby give my permission for him/her to participate.



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- I understand that my child will be provided emergency medical care, if injured while he/she is at the meetings.
 - I understand my child will be asked to sign a Confidentiality and Security Agreement. Breach of this agreement is grounds for immediate dismissal from the program.
 - I authorize Mary Washington Healthcare to publish or release to the media any pictures of my child during his/her participation at Mary Washington Healthcare for promotional or recognition purposes only.
- Please check this box if you **DO NOT** consent to this statement. This box, if left unchecked, means that you do consent to any publications or media release. (*Opting out does not hinder the process of considering your child for the Jr. Volunteer Program at Mary Washington Healthcare*).
- By my signature below, I am certifying that I have read all materials included with the application submission and agree to support my child, if selected, in the successful completion of the 2016 Mary Washington Healthcare Future Healthcare Providers of America program.
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Participant's Name: _____

Participant's Email Address: _____

Parent/Guardian's Name(please print): _____

Signature: _____

Nature of relationship to volunteer: _____

Parent/Guardian Email Address: _____

Phone # in case of an emergency: _____

Date: _____