



SUMMER
MEDICAL
ACADEMY

2018 SMA Volunteer Group Mentor Application

Thank you for your interest in becoming a Volunteer Group Mentor for the 5th Annual Rady Children’s Summer Medical Academy! The Summer Medical Academy (SMA) is an educational summer program that provides high school age students with unique and exciting opportunities to explore the world of medical training and practice. Applications must be submitted via email to Aniela Glinski, Medical Academy Coordinator (aglinski@rchsd.org) by **February 24, 2018**. Please save the application as a PDF document with the following title: SMA 2018 Group Mentor App - (your name). **Incomplete or late applications will not be reviewed.**

Part I: Session Selection

Select the two-week session that you are available by checking the appropriate box. If your schedule is flexible, please check “both” indicating that you are available to be a group mentor for both sessions.

<input type="checkbox"/> Session 1: June 18 – 29, 2018 Monday-Friday, 8:30am-5pm	<input type="checkbox"/> Session 2: July 9 – 20, 2018 Monday-Friday, 8:30am-5pm	<input type="checkbox"/> Both Session 1 or Session 2
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Part II: Applicant Information

Full Name:	(First)	(Last)	
Preferred Name:		Gender: Male	Female
Date of Birth:		Age:	
College/University:		Year:	
Major(s):			
Permanent Address:			
City	State:	Zip Code:	
Home Phone:	Cell Phone:		
Email:			

Part III: Background Information

- Please attach your resume including extracurricular, volunteer, employment, and community service experiences (including roles, responsibilities and dates/length of time of commitment), as well as any awards or honors that you have received.
- Please attach a copy of your most current academic transcript (unofficial copies are acceptable).
- Please indicate your GPA from the current academic year: GPA _____
- Do you plan on pursuing a career in healthcare or education? Yes _____ No _____
If Yes, what is your career goal? _____
- How did you learn about the SMA Group Mentor position (please check all that apply)?
School ___ Friend/Family ___ SMA Alumni ___ Google Search ___ Social Media ___ Website ___
If you are an SMA Alumni, which year did you participate? _____
If you have been a Group Mentor for SMA in the past, what year did you participate? _____

Part IV: Essay

1. In 500 words or less, please describe your motivation for becoming a Group Mentor for the Rady Children's Summer Medical Academy. Why do you want to be a Group Mentor and what do you expect to gain from it? What knowledge, skills, and experience do you hope to bring to the team?

Part V: Position Description

Under the guidance and support of the Senior Program Manager and Coordinator, Group Mentors will help to implement the Rady Children's Summer Medical Academy program. In addition to supporting the day-to-day program operations, Group Mentors will serve as leaders for one small group of high school students throughout the duration of the two-week program.

Responsibilities & Qualifications:

See [Medical Academy Volunteer Program Service Description](#)

I have received, reviewed and fully understand the MA Volunteer Program Service Description. I further understand that I am responsible for the satisfactory execution of the essential functions described therein, under any and all conditions as described.

Signature of Applicant:

Date:

Part VI: Professional Recommendation

Please indicate the name and contact information for 1 person to serve as your Professional recommendation. This person should be able to speak about your work/service ethic, if possible in a healthcare or education setting.

Name of Recommender:

Relationship to Applicant:

Contact Information:

Phone

Email

Part VII: Acknowledgment

In submitting my application to become a Group Mentor for the Rady Children's Summer Medical Academy, I commit to meeting the expectations listed above including availability, effort and responsibility. I understand that the Academy location will primarily be at Rady Children's Hospital (a few days will require travel to other locations within the county), and I am responsible for my own transportation. I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

Signature of Applicant:

Date:

FOR OFFICE USE ONLY:

- Application
- Essay Response
- Resume
- Academic Transcript
- Professional Recommendation: Date Called _____ Recommended - Highly ___ Somewhat ___ Not At All ___
- Date Received: _____
- Date Input: _____
- Accepted: Yes ___ No ___ Date Informed Y/N _____