

# 2020 Volunteer Group Mentor Application

Thank you for your interest in becoming a Volunteer Group Mentor for the 7<sup>th</sup> 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 Medical Academy Program Staff ([medicalacademy@rchsd.org](mailto:medicalacademy@rchsd.org)) by **April 4, 2022**. Please save the application as a PDF document with the following title: SMA 2022 Group Mentor App - (your name). **Incomplete or late applications will not be reviewed.** If accepted, computer access will be required to complete a mandatory background check and drug screen application.

## Part I: Session Selection

There will only be one session available in 2022.

<input type="checkbox"/> <del>Session 1: Monday-Friday, 8:30am-5pm</del>	<input type="checkbox"/> Session 2: July 11 – 22, 2022 Monday-Friday, 8:30am-5pm	<input type="checkbox"/> <del>Both Session 1 or Session 2</del>
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## Part II: Applicant Information

Full Name:	(First)	(Last)
Preferred Name:		Gender:
Date of Birth:		Age:
College/University:		Year:
Major(s):		
Permanent Address:		
City	State:	Zip Code:
Home Phone:	Cell Phone:	
Email:		
Non-School 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 \_\_\_\_\_ Uncertain \_\_\_\_\_  
If Yes, what is your career goal? \_\_\_\_\_
- How did you learn about the SMA Group Mentor position (please check all that apply)?  
 FACES Alumni \_\_\_ School \_\_\_ Friend/Family \_\_\_ SMA Alumni \_\_\_ Google Search \_\_\_ Social Media \_\_\_  
 Website \_\_\_ Medical Academy Alumni \_\_\_  
 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(s) did you participate? \_\_\_\_\_

#### Part IV: Essay

1. In 500 words, 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? Please be sure to answer the entire prompt.

#### Part V: Position Description

Under the guidance and support of the Youth Development Program Manager and Lead 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 select me, or for discharge should I be selected. **I also understand that if I am accepted into the program, I will need to show proof of flu and COVID 19 vaccination, as well as recent negative Tuberculosis screening prior to the program start date. I will also be required to wear a mask while on the Rady Children's campus. I will also follow all public health directives while on the hospital campus.**

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 \_\_\_\_