



The goal of the LAUNCH program is to provide an annual summer event to help high school students explore possible future careers in healthcare.

LAUNCH is a summer health careers program that provides high school students hands-on experiences while they learn about different healthcare professions. Careers such as nursing, therapies, labor and delivery, operating room, cardiovascular services, emergency medicine and many more will be highlighted during the week. Interactive activities and real-life simulations with our new adult and pediatric teaching mannequins provide the hands-on experience students want to explore future professions in the health care field.

## LAUNCH Program Details

- Program is June 15-19, 2020 (Monday – Friday).
- Program runs from 8:30 am - 3:30 pm.
- Check in time is 8:15am daily.
- Lunch is provided for students.
- Daily journals are required through Survey Monkey.
- Cost of the program is \$50.00 due upon acceptance into the program. **(DO NOT SEND WITH APPLICATION)**

Students applying for the LAUNCH program will be considered based upon the following criteria and requirements:

- Must be a junior or senior for the 2020-2021 school year.
- Transcript and GPA are considered in the selection process.
- Teacher Evaluation Form from school personnel.
- One Letter of Recommendation (someone other than a family member).
- If applicant is chosen, must attend an interview session with the selection committee.
- Students are required to attend EVERY day of program, please plan accordingly.
- Incomplete applications will not be accepted.



## LAUNCH Application

### Personal Information (Please *print* clearly and complete each section)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

School: \_\_\_\_\_ Circle Grade for 2020-2021: 11<sup>th</sup> 12<sup>th</sup>

Birthday: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

*Please make sure we can reach you at one of these numbers in case of an EMERGENCY!*

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

*Please make sure we can reach you at one of these numbers in case of an EMERGENCY!*

Please provide **one** additional emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Do you have any physical conditions which may limit your activities or abilities?  YES  NO

If yes, please explain: \_\_\_\_\_

Do you have any special dietary limitations/allergies?  YES  NO

If yes, please explain: \_\_\_\_\_



Please check from the list any medical field you might be interested in pursuing:

- |   |  |
|---|--|
| <input type="checkbox"/> Biomedical Engineer  | <input type="checkbox"/> Radiology                                     |
| <input type="checkbox"/> Dietician            | <input type="checkbox"/> Respiratory Therapy                           |
| <input type="checkbox"/> Nursing              | <input type="checkbox"/> Social Worker                                 |
| <input type="checkbox"/> RN                   | <input type="checkbox"/> Speech Therapy                                |
| <input type="checkbox"/> Advanced Practice    | <input type="checkbox"/> CRNA (Certified Registered Nurse Anesthetist) |
| <input type="checkbox"/> Medical Technologist | <input type="checkbox"/> Occupational Therapy                          |
| <input type="checkbox"/> Pathology            | <input type="checkbox"/> Pharmacy                                      |
| <input type="checkbox"/> Physical Therapy     | <input type="checkbox"/> Physician                                     |
| <input type="checkbox"/> Physician Assistant  |  |
| <input type="checkbox"/> Other _____          |  |

Do you have any friends, relatives, or acquaintances employed by or volunteering at Longmont United Hospital? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, please list:

Name	Position	Relationship
1. _____		
2. _____		

Have you participated in the LUH Career Day program?  YES  NO

Do you currently have a AHA HeartSaver CPR/AED certification?  YES  NO

Do you currently have a First Aid certification?  YES  NO

Are you enrolled in the Medical and Bioscience Academy at Longmont High?  YES  NO

If we asked your best friend to describe you, what 3 **adjectives** would he/she use?

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List your **significant** achievements (community, school, church. etc.), leadership roles, awards, and accomplishments of the past *two years*. You may include any club, organization or sport you are involved in. *This is an important part of your application!*

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List your past or current **employment** (paid position) in the community. List business name, your title, hours per week and length of employment.

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**ESSAY:** Please type in 250 words or less, why you are interested in participating in the LAUNCH (LUH Adventure University for New Careers in Healthcare) program. Your response to this question is VERY IMPORTANT in the selection process. Without the essay, your application will NOT be reviewed!



## ACCEPTANCE STATEMENT

**Please initial in the space below indicating your understanding of each statement:**

\_\_\_\_ I have completed the application completely and legibly, ensuring all items have been answered.

\_\_\_\_ I understand if i am accepted into the program, I must be able to attend all five days of the program June 15-19, 2020.

\_\_\_\_ I understand that I (or my parent) am/are responsible for providing transportation to (8:15 am) and from (3:30 pm) the LAUNCH program daily.

\_\_\_\_ I will abide by the guidelines set forth by the program coordinator.

\_\_\_\_ I understand this application and all attachments must be submitted **in full by April 1, 2020** to be considered complete.

\_\_\_\_ I understand there are only 12 spaces available in the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If at all possible, please submit all required items as *one packet* by Wednesday, April 1, 2020. Your completed packet should contain the following items:**

- Completed Application
- Essay (250 words, typed)
- One** Letter of Recommendation
- Official sealed transcript from previous semester
- Teacher Evaluation Form** (included in application). This form should be printed, completed, signed and returned by Wednesday, April 1, 2020 If submitted as part of the packet, form should be placed in a sealed envelope by teacher.

LAUNCH APPLICATION  
C/O Stacey Jackson  
Volunteer Services Department  
Longmont United Hospital  
1950 Mountain View Avenue  
Longmont, CO 80501

[staceyjackson@centura.org](mailto:staceyjackson@centura.org) or Fax to 303.678.4851

**Applications received AFTER April 1, 2020 will not be accepted.**

Following the receipt, approval and acceptance of your application and above items, you will be contacted to schedule an interview by the program coordinator.

For any questions, please contact Stacey Jackson at 303.702.5749 or [staceyjackson@centura.org](mailto:staceyjackson@centura.org)

## LAUNCH Teacher Evaluation Form

(This form does not replace the “Written Recommendation” required as part of the application. Please give this form to a current/previous teacher that can evaluate you fairly on the criteria shown.)

Name of Applicant: \_\_\_\_\_

Name/Title of Individual Completing Form: \_\_\_\_\_

**Areas of Evaluation:** Please check the option that **best** fits the student’s quality of work.

### Interest in Work, Enthusiasm

- High interest. Very enthusiastic. Takes pride in doing work well.
- More than average amount of interest and enthusiasm.
- Satisfactory amount of interest and enthusiasm.
- Little interest or enthusiasm shown.

### Initiative

- Self-starter. Asks for additional work.
- Displays initiative consistently. Finds work to occupy time.
- Performs in routine situations. May have to be encouraged to do tasks.
- Lacks initiative. Must be told frequently what to do.

### Planning and Organizing

- Does an outstanding job of planning and organizing work and time.
- Plans and organizes work effectively.
- Does average amount of planning and organizing.
- Fails to plan and organize work effectively.

### Setting Goals

- Developed goals for the class early and made excellent progress in working towards them; referred back to goals and evaluated progress at various points during the term.
- Developed goals for the class early and showed some effort in working towards them; did not often revisit goals or evaluate progress during the term.
- Showed minimal effort early in the term to set goals; demonstrated no follow-up activity.
- No evidence that the student set goals.

### Dependability

- Reliable in any situation.
- Reliable in most situations.
- Reliable in routine situations.
- Unreliable: requires close supervision.

### Response to Supervision

- Responds maturely, positively and promptly to suggestions and feedback from teachers and peers. Very open minded.
- Willingly accepts suggestions and feedback from teachers and peers.
- Accepts suggestions and feedback from teachers and peers in satisfactory manner.
- Often responds negatively to suggestions and feedback from teachers and peers.



**Reflection and Integration from Prior Learning**

- Frequently shows evidence of thinking deeply or reflecting in order to link previous learning experiences with current activity.
- Sometimes shows evidence of thinking deeply or reflecting in order to link previous learning experiences with current activity.
- Rarely shows evidence of thinking deeply or reflecting in order to link previous learning experiences with current activity.
- Shows no evidence of thinking deeply or reflecting in order to link previous learning experiences with current activity.

**Interpersonal Behavior**

- Always works in harmony with others. Excellent team worker. Contributes to group relationships and effectiveness.
- Congenial and helpful. Works well with others. Seen as an asset in futhering cooperation and group harmony.
- Relations with others are harmonious under normal circumstances. Occassional challenges.
- Struggles in group activity. Causes friction. Can be quarrelsome.

**Communication Skills – Written & Oral**

- Exceptionally clear, well organized, concise and easily understood.
- Clear, organized, concise and understandable.
- Satisfactory writing skills/oral communication. Occassional challenges.
- Inadequate writing skills/oral communication.

**Leadership Qualities**

- Excellent ability to motivate and direct others.
- Very good.
- Exhibits average leadership skills with additional support of team members.
- Presently lacks ability to motivate and direct others.

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be received by Wednesday, April 1, 2020, or the student’s application will not be accepted! Once completed you may place the document in a sealed envelope with your signature for the student to include with their packet. You may also email/fax the completed form to me at Longmont United Hospital. Thank you!**

Stacey Jackson  
Longmont United Hospital  
1950 Mountain View Avenue  
Longmont, CO 80501  
Phone: 303.702.5749  
Fax: 303.678.4851  
staceyjackson@centura.org