

Dear Parent/Guardian:

Congratulations, your child has shown interest in pursuing a career in healthcare! Healthcare is a growing field of advancement with many job options.

Attached you will find registration forms for the 2024-2025 Memorial Hospital Medical Explorers Program. We encourage you to also view the informational booklet on the program located on the website. It includes details regarding the program along with requirements and expectations.

The Program is full of wonderful opportunities to help guide your child to a healthcare career that they will find fulfilling. During the program, they will have the chance to hear from successful professionals in a variety of fields, job shadow with several departments, participate in hands-on activities, and learn about educational paths to lead them to the career of their interest.

We invite you to join us at the first meeting on September 19, from 6:00-8:00pm in the Memorial Hospital Conference Room.

During the event, registration paperwork will be completed, for this no-cost program, and informational stations providing details on career and education options related to healthcare will be available.

Important Dates to Note:

- All pre-registration forms are due by **September 1, 2024**. Explorers accepted into the program will be notified via email by September 5, 2024.
- The first meeting will be September 19 from 6-8:00pm at Memorial Hospital. We ask a parent/guardian of the Explorer to attend our first meeting, as we will have additional paperwork that will need reviewed and signed. There will be educational stations by various departments, which will provide an introduction into healthcare career opportunities, educational paths, and financial assistance offered at Memorial. Things to note for the first meeting:
 - O WHAT TO BRING:
 - Vaccination Records These are required by Memorial Hospital as part of our Infection Control policies and procedures.
 - o BE PREPARED:
 - Explorer ID badge photos will be taken.

If you have any questions regarding the Medical Explorers Program, please contact Mariah Bargman at 618-826-4581 ext. 1373 or mbargman@mhchester.com.

We look forward to meeting you and your young adult, and helping you both navigate the many career options and opportunities available in the healthcare field.



FOR YOUR PERSONAL USE

Application Materials and Forms Checkoff Sheet

Student Name:						
REGISTRATION PACKET MATERIALS DUE BY SEPTEMBER 1						
REGISTRATION PACKET MATERIALS DUE BY SEPTEMBER 1						
☐ Participant Application						
□ Program Guide Signature Form						
☐ Boy Scout of America Form (New Members Only)						
ADDITIONAL PAPERWORK TO BE FILLED OUT BY 1 st MEETING (New Members Only) Upon acceptance, the below documents will be emailed to you. Please bring them to the meeting date below. Parents and all Explorers please attend: September 19, 2024, 6:00-8:00pm – Conference Room						
□ Social Media Release Form						
 □ Informed Consent, Release Agreement, and Authorization Form (A) □ General Information/Health History (B, 2pgs) 						
☐ Immunization Records with Dates						
If records cannot be provided, please sign the forms included in application packet:						
☐ Declination Refusal Form for MMR						
☐ Declination Refusal Form for Tetanus & Pertussis						
☐ Declination Refusal Form for Hepatitis B						
 □ Declination Refusal Form for Chickenpox/Varicella □ Declination Refusal Form for COVID-19 						
Decimation herasarronning covid 13						
☐ Confidentiality Statement						
Compliance and Code of Conduct Form						
☐ Dress Code Form						
ADDITIONAL REQUIREMENTS FOR THE PROGRAM						
☐ TB Gold Immunization (Required prior to Job Shadowing. More information will be provided.)						
☐ Flu Shot (Will be provided at no charge to the student. Starting October 1, 2024.)						

Memorial Hospital Medical Explorers Program 2024-2025



Participant Application

Name:						DOB:			
Last First				Middle Month/Day/Year				_	
Preferred Name:						Gender: _	_ Male _	Female _	Other
School:						Grade:			_
Address:									
Street			City		State	Ziţ)		
Home Phone:			Mc	bile Phon	ie:				_
Participant's Email (requ	uired, print	clearly):							
Parent/Guardian Name:					Phon	e:			
Parent/Guardian Email	•				• .		formatio	n regardin	g the
Emergency Contact Nan	ne/Relatio	nship:							
Emergency Contact Pho	ne:								_
Shirt Size (If you do not	already ha	ve a Medica	al Explore	r polo):					
MEN'S	Small	Medium	Large	Xlarge	2Xlarg	ge 3Xlar	ge		
WOMEN'S	Small	Medium	Large	Xlarge	2Xlarg	ge 3Xlar	ge		
What medical field are	most inter	ested in ex	ploring?						
Application must be tur Submit your application 1. Mail: Attention: 0 Memorial H	n: Community ospital	·		g Coordin	ator				_

2. Email: mbargman@mhchester.com

Chester, IL 62233

Memorial Hospital Medical Explorers Program 2024-2025



Program Guide Signature Form

	arent/guardian/legally authorized representative)		, nerby				
	acknowledg	e tnat:					
	My child						
2.	. I received, reviewed and understand the guidelines for the Medical Explorers Program in the booklet						
3.	I agree to enforce the Guidelines and Rules of the Ninto the Medical Explorers Program.	1edical Explorers Program, if my	child is accepted				
–– Pa	rent/Guardian/Legal Representative (sign)	 Date					
	I, (Participant)	, herby acknowle	edge that:				
2.	I received a copy of the Medical Explorers Program I read and understand the contents of the Medical I agree to abide by the Guidelines and Rules of the Medical Explorers Program.	Explorers Program booklet.	n accepted into th				







For youth 17 years old and younger

Exploring brings business and community leaders together to help young people reach their full potential. Exploring offers youth and young adults unique, hands-on experiences in an environment that develops leadership, character, and confidence through many immersive and empowering moments along the way.

OUR MISSION

Deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

OUR VISION

Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.

PROGRAM UPDATE: This youth application is to be used only for youth 17 years old and younger. Beginning January 6, 2020, all applicants 18 through 20 years old must complete and submit an adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader.

CLUBS

The Exploring club career education program is for young men and women in the sixth, seventh, and eighth grades. They must be at least 10 years old but not yet 15 years old and have completed the fifth grade but have not yet completed the eighth grade. For those individuals who are 15 years old or older, please review the guidelines for joining Exploring posts.

POSTS

The Exploring post career education program is for young men and women who have completed the eighth grade and are at least 14 years old and not yet 21.



Exploring Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.

Welcome to Exploring!

Please take the time to review this material and reflect upon its importance.

Exploring and Participating Organizations

Exploring is a program of Learning for Life—a nonprofit organization that provides character and career programs and resources to youth across the country. Exploring is made available to our nation's youth through agreements with community organizations to operate Exploring clubs and Exploring posts.

The participating organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of Exploring. The local council provides adult training, program ideas, outdoor facilities, literature, professional guidance for adult leaders, and liability insurance protection.

Exploring's Adult Leaders and You

Exploring's adult leaders provide leadership at the unit, district, council, and national levels. Many are parents of Explorers. Each participating organization establishes a unit committee, which operates its Exploring unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The unit committee selects the post advisor or club sponsor, subject to approval of the head of the participating organization and of Learning for Life. Adult leaders must be good role models because our children's values and lives will be influenced by that adult. You need to know your child's adult leaders and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Exploring uses an interactive program to promote character development, citizenship training, and career education for every participant. You can help by encouraging attendance, attending meetings for parents, and assisting when called upon to help.

Youth Protection Begins With YouTM. Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to Exploring. For that reason, Exploring continues to create barriers to abuse beyond what have previously existed in Exploring.

Exploring places the greatest importance on providing the most secure environment possible for our youth participants. To maintain such an environment, Exploring has developed numerous procedural and adult leader selection policies, and provides parents and adult leaders with numerous online and print resources for the Exploring programs.

Health Information. You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record found on www.exploring.org and give it to the unit leader.

The annual national registration fee is nonrefundable.

For general questions, contact your local council.

Program Policies

Participating organizations agree to use the Exploring program in accordance with their own policies as well as those of Learning for Life. The program is flexible, but major departures from Exploring methods and policies are not permitted. As a parent, you should be aware that

- Exploring adult participation is restricted to qualified people.
- · Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drills for ceremonies are permitted.

Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one activities between participants and adults are never permitted. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Youth Protection training must be taken every two years. This training can be taken at www.exploring.org/training-safety.
- We encourage all parents to be involved with their Explorer. There are no "secret" organizations in Exploring and all Exploring activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the council executive.
- Effective on the participant's 21st birthday, he or she must register as a leader and can no longer be a
 youth participant.

Policy of Nondiscrimination

Youth participation is open to any youth in the prescribed age group for that particular program. Adults, 21 years of age and older, are selected by participating organizations for involvement in the Learning for Life programs. Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status, and citizenship are not criteria for participation by youth or adults.

Youth and adults involved with Learning for Life programs, including Exploring, are registered with Learning for Life as participants.

Ethnic background information. Please fill in the appropriate circle on the application to indicate ethnic background. This information helps Learning for Life and Exploring plan for success in serving all youth.

Thank You

Learning for Life appreciates you taking time to become familiar with Exploring. We feel that an informed parent is a strong ally in delivering the Exploring program. Help us keep the unit program in accord with Exploring principles. Please do your fair share to support a quality program.

YOUTH INFORMATION

*Applicants 18 through 20 years old must complete an adult application.

EXPLORING YOUTH APPLICATION

If applicant has an unexpired participant certificate, participation may be a	accomplished at no charge by transferring the	registration. Mark and attach a copy of the certificate.
O Transfer application Transfer from council no.:		C Exploring Post C Exploring Club Number:
Name and address information		
First name (No initials or nicknames)	Middle name	Last name Suffix
Country Mailing address	City	State Zip code
Primary phone Date of birth (mm/c	dd/yyyy)* Grade	Ethnic background:
	/	O Black/African American O Native American O Alaska Native O Asian
School		Caucasian/White Hispanic/Latino Pacific Islander Other
		Gender: O Male O Female
Email address (for youth 13 years of age or older)		
Parent/guardian information		
Select relationship: O Parent	Legal guardian	
First name (No initials or nicknames)	Middle name	Last name Suffix
Country Mailing address (If same as above, click here.)	City	State Zip code
Primary phone Date of birth (mm/dc	d/yyyy) Occupation	Employer Gender: 8
	/	Employer Gender: 8,7 Gender: 8
Alternate phone Ext.	Previous Exploring experience	OF
	Trovidad Exploring experience	
Parent/guardian email address		ars.
		I have read the Information for Parents on page 2 and approve this application. Signature of parent/guardian
C Exploring Post C Exploring Club Number:		I have read the Information for Parents on page 2 and approve this application.
5 - p.m., 5 - p.m.,		on fix
		L Signature of parent/guardian 훈
Signature of post advisor or club sponsor	Date	3 mm - 23 mm - 25 mm -
Participation fee \$	Cash Check No. C	redit card Signature of Explorer