

Participant Policy and Behavior Contract for the Eve and Gene Black Summer Medical Career Program

In order to participate in the Eve and Gene Black Summer Medical Career Program, the selected student and their parent/guardian agree to comply with the following requirements:

1. Complete and submit all necessary compliance requirements by the deadline given to you by your specific program coordinator. This *may* include but is not limited to: volunteer and/or orientation meetings, HIPAA training, TB testing, immunization records, finger printing, background checks (Live Scan) and any other hospital volunteer paperwork.
2. Respond to ALL communication from your coordinator promptly. Coordinators will connect with you by email and/or phone, so check both of these often for messages. Make sure your coordinator has all of your current contact info.
3. **BE POLITE, BE ENTHUSIASTIC, BE ATTENTIVE and BE GRATEFUL!** Remember that the people/departments/offices that you visit are *donating* their time and energy to give you this educational medical experience. Even if *you* don't consider a particular topic very interesting, find something to learn and always be appreciative. BAD ATTITUDES and DISRESPECTFUL BEHAVIORS WILL NOT BE TOLERATED.
4. Obey all hospital rules, policies and instructions as given to you in all training/orientation, and all specific departments/centers/offices by your program coordinator or any other supervising personnel.
5. Show up EVERY day of your program. Contact your Coordinator ASAP if you will be absent due to an *acceptable* reason, like illness. Do NOT schedule vacation, college orientation, doctors' appointments etc., during the program.
6. Arrive ON TIME; tardiness is not tolerated. If the unexpected arises, such as a SIG Alert and you are going to be late, contact your coordinator immediately using the contact method that s/he has specified.
7. Follow your rotation schedule and the assigned corresponding times as provided to you by your coordinator. Do not leave a department/rotation early and/or go to another area of the medical facility *unless* directed or authorized by your program coordinator. **Be where you are supposed to be, when you are supposed to be there.**
8. Dress in professional attire. **For girls** this means: no low cut and/or halter tops, no tops that show the stomach, no overly tight clothing, no short skirts and no high heels. **For boys:** no saggy pants, no t-shirts; collared dress and/or polo style shirts with belted pants is suitable. **For both** this means: no jeans, no shorts and no open-toed shoes - often no heel, rubber soled shoes are advised. Follow any other specific dress code stipulations as given to you in a hospital training and/or by your coordinator. If your program requires a uniform, abide by those requirements.
9. Adhere to your program's electronic policy. **The use of cell phones for calls or texting, iPods, iPads is NOT permitted during your rotation time unless otherwise authorized by your coordinator.** Most programs only allow the use of these devices during lunch and/or at designated break times. You *may* also be asked to leave your electronic devices in a specific, secured area. If that is the case, your coordinator will provide you with a means by which your parents/others can contact you, should an emergency arise and you are not immediately reachable.
10. Report any and all problems that you have with an assigned duty or rotation to your coordinator as soon as possible. Maintaining a good relationship with all the people, practices and departments involved, is imperative to the future of the Eve and Gene Summer Medical Career Program at our participating medical centers and offices.

I have read the policy and behavior contract as outlined above. I understand that failure to abide by this policy may result in my expulsion from this program.

Student Name (Print) _____ Signature _____ Date _____

As the parent/guardian of the above student, I acknowledge the commitment that my child is making as a participant in the Eve and Gene Black Summer Medical Career Program and I will assist my child to abide by the policy as outlined above.

Parent Name (Print) _____ Signature _____ Date _____