



OREGON
HEALTH & SCIENCE
UNIVERSITY

**AREA HEALTH EDUCATION CENTERS
RESIDENTIAL COUNSELOR APPLICATION
2013 MEDSTARS Health Careers Honors Experience**
(PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION)

Personal Information

Last Name First Name Middle Initial Preferred Name

Street Address City/State Zip Code

Email Address Telephone Birth date

Your gender: Male Female Social Security # _____

Your Ethnic origin: [Check all that apply; this information is optional]

African American Asian/Pacific Islander Hispanic Native American White/Caucasian

Other _____

Experience

If you attended MedStars, what year did you attend? _____

If you attended a high school health careers class, please tell us the school year and the name of the high school:

_____ _____
School Year High School

(Attach an extra sheet as necessary to answer the following)

If you have counselor or leadership experience, please provide us with information on ALL prior counselor and leadership work by giving us the date, name of program and a description of your work:

Please describe your interest in a health career and your plans for pursuing that career.

Education Information

Name of high school from which you have graduated: _____

Name of college presently attending: _____

City: _____ Present year in school: _____ GPA: _____

Are you a current holder of a First Aid card? _____

If yes, give us the date and location of your First Aid training: _____

Please describe any extracurricular, community, and vocational activities that have given you skills to help you as a resident counselor? (Attach additional page, if needed.)

Is there any other information about yourself or your future plans that you would like to share?

References (Required): (please provide 3 work or volunteer-related references)

Name: _____ Relationship to you: _____ Daytime telephone number: _____

1.

2.

3.

Background Check:

You must complete the **Request for Oregon Criminal History Information** found at the link below:

http://www.oregon.gov/OSP/ID/docs/crim_history.pdf

1. Download and complete the form. You do not need to pay for the background check.
2. Mail it, with your completed application, to the Oregon AHEC program office. (See address below)
3. The program office will submit your completed form with a \$10.00 payment to the Oregon State Police.

Other:

Shirt Size: Small ___ Med ___ Large ___ X-Large ___ (for MedStars t-shirt order)

I certify that the information given in this application is true and correct.

Signature of Applicant: _____ Date: _____

DEADLINE: Your completed application and background check form must be received by April 12, 2013.

Please email, fax, or mail this completed application to:

Beth Rodgers

Oregon AHEC

L612

3181 SW Sam Jackson Park Rd.

Portland, OR 97239

Tel 503.494.2528, Fax 505.494.0626, rodgerbe@ohsu.edu