

2024 NURSE CAREER CAMP

FUTURE NURSES: NEXT GENERATION OF SUPERHEROES

Regional Medical Center (RMC) is excited to offer the Nurse Career Camp, “Future Nurses: Next Generation of Superheroes” for students (ages 14-18; must have finished 8th grade). This camp offers a unique opportunity to learn about the nursing career through interactive presentations and hands-on learning. Activities include interacting with a simulation manikin, job shadowing on various units, learning first aid & making their own first aid kit, learning how to take vital signs (blood pressure, temperature, heart rate), practicing suturing and so much more!

The week-long program will be offered **July 29-August 2 from 9AM-2PM**, with lunch served daily. Students **MUST** be available to meet each day for the entire time. *Class size is limited.* The cost is \$25 per student, payable on the first day of camp to RMC. If the cost of camp would cause hardship, please check the box on Application for Participation and tuition assistance information will be emailed to you.

The following items should be completed and returned to RMC by **Monday, June 17th**. Items postmarked **after Monday, June 17th** will not be eligible for the summer 2024 camp.

- Application for Participation
- Letter of Recommendation Form
- RMC Marketing/Promotional Material Release Consent Form
- Confidentiality & Security Agreement

All items should be returned in a sealed envelope to the address and attention below.

ATTN: Lynne Majetic
Regional Medical Center
709 West Main Street, PO Box 359
Manchester, IA 52057

Students will be notified via email on Monday, June 17th with acceptance or declination of the camp.

For more information to explore this opportunity, please contact Lynne Majetic at 563-927-7684 or lynne.majetic@regmedctr.org.



LETTER OF RECOMMENDATION

Please print legibly.

Student Name (First & Last): _____

Step 1: We are curious why you are potentially interested in the career of nursing and how the Nurse Camp at Regional Medical Center can be a benefit to you. Please provide a detailed answer to the following question. You may type your answer on a separate sheet of paper if desired.

Why are you interested in nursing? What is it about your life experiences, your talents, your personality that has potentially led you to this career path?

Step 2: Have a teacher, coach, guidance counselor, employer, volunteer, supervisor or mentor (non-family adult) who knows your goal of potentially becoming a nurse complete the section below.

Please evaluate the teen on the following qualities.

Qualities	Exceptional	Above Average	Average	Below Average
Dependability				
Trustworthiness				
Acceptance of Others				

How are you associated with the student? _____

Based on your association you have had with the student, please describe why this student should participate in Nurse Camp at Regional Medical Center.

Signature of Non-Family Adult

Date

Thank you for your assistance! If there is anything you wish to discuss about the Nurse Camp, please call or email Lynne Majetic at 563-927-7684 or lynne.majetic@regmedctr.org.

APPLICATION FOR PARTICIPATION

2024 NURSE CAREER CAMP - Future Nurses: Next Generation of Superheroes

Name (First & Last): _____ Date of Birth: _____

Address: _____

City, State, Zip Code: _____

Cell Phone: _____ *Email Address: _____

School: _____ Last Grade Completed: _____

Parent/Guardian Name & Relationship	Daytime Phone #

Emergency Contact (Other Than Parent): _____

Relationship to Student: _____ Daytime Phone #: _____

If the cost of camp would cause hardship, and you are interested in learning about tuition assistance, please check Yes. If not, please leave blank. Yes

Adult Shirt Size

X-Small Small Medium Large X-Large XX-Large

Adult Pant Size

X-Small Small Medium Large X-Large XX-Large

Permission Grant

I understand the risks involved in being exposed to disease while working in a healthcare facility. I understand training in Infection Prevention to protect volunteers, staff and patients/residents will be provided.

Permission is hereby granted to this applicant to participate in *Future Nurses: Next Generation of Superheroes* at Regional Medical Center sponsored by the Administration of the hospital.

I understand to participate this applicant must be current on all immunizations (including COVID-19) and free of communicable disease. Verification of immunizations may be required.

I verify I will be available to attend *Future Nurses: Next Generation of Superheroes* in its entirety.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

* The email address listed is how students will receive correspondence about camp.

Marketing/Promotional Material Release Consent Form

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

I hereby give my consent (by checking the boxes below):

to be photographed, videotaped, voice recorded, and/or interviewed for use by Regional Medical Center (RMC) for any and all marketing purposes including, but not limited to, printed/promotional materials, Electronic marketing (e.g. social media, website), newspaper, and radio.

that my true name be associated commercially with said material.

(for testimonials only) for Regional Medical Center staff, specifically _____
_____ may share general information regarding my endorsement.

In giving my consent, I waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive and release all current and future claims I may have against Regional Medical Center, arising from the use of an image or recording including, but not limited to claims of defamation, invasion of privacy, rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration or optical illusion that may appear in the finished product. Notwithstanding the foregoing, I reserve the right to revoke my consent in writing, which will be effective only upon receipt by the Marketing and Administrative Manager at RMC.

I hereby give my consent:

for myself as an individual over 18 years-of-age

Signature

Date

as a legal guardian, on behalf of minor under 18 years-of-age

Legal Guardian Signature

Date

Print Name

Relationship to patient

Internal Use Only:

Scanned



Confidentiality and Security Agreement

I understand that Regional Medical Center in which or for whom I work, volunteer, or provide services, has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of our patients' health information. Additionally, Regional Medical Center must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and management information (collectively, with patient identifiable health information, "Confidential Information").

In the course of my employment/assignment at Regional Medical Center, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with Regional Medical Center privacy and security policies, which are available in the individual departments, and on the intranet. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

I will not disclose or discuss any Confidential Information with others, including friends and family, who do not have a need to know it.

I will not in any way divulge, copy, release, sell, loan or destroy any Confidential Information except as properly authorized.

I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient's name is not used.

I will not make any unauthorized transmissions, inquires, modifications, or purging of Confidential Information.

I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with Regional Medical Center.

Upon termination I will immediately return any documents or media containing Confidential Information to Regional Medical Center.

I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with Regional Medical Center.

I will act in the best interest of Regional Medical Center and in accordance with it's Organizational Excellence Standards of Behavior at all times during my relationship with Regional Medical Center.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, loss of privileges, and/or termination of authorization to work within Regional Medical Center, in accordance with Regional Medical Center's policies.

I will only access or use systems or devices that I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized users.

I understand that I should have no expectation of privacy when using Regional Medical Center's information systems. Regional Medical Center may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.

I will practice good workstation security measures such as locking my computer when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.

I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved standards.

I will:

Use only my officially assigned User-ID and password.

Use only approved licensed software.

Use a device with virus protection software.

I will never:

Share/disclose User-Ids or passwords.

Use tools or techniques to break/exploit security measures.

Connect to unauthorized networks through the systems or devices.

I will notify my direct supervisor, appropriate Information Services or (Privacy and/or Security Officer) person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.

The following statements apply to providers using Regional Medical Center systems containing patient identifiable health information.

I will only access software systems to review patient records when I am actively involved in that patient's care, or have that patient's consent to do so. By accessing a patient's record, I am affirmatively representing to Regional Medical Center at the time of each access that I have the requisite patient permission to do so, and Regional Medical Center may rely on that representation in granting such access to me.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee / Consultant / Volunteer / Student / Provider /
Healthcare Representative Signature

Date

Employee / Consultant / Volunteer / Student / Provider /
Healthcare Representative Printed Name