

Dear Student,

We are excited to announce Henry Ford Jackson in partnership with the Jackson Area Career Center will be hosting our third annual summer health care camp, free of cost to thirty (30) Jackson area students, currently in grades 6<sup>th</sup> - 9<sup>th</sup>. Our day camp will take place **Monday, June 16<sup>th</sup> - Friday, June 20<sup>th</sup>, 2025**. Our camp will provide students with an opportunity to learn about healthcare related careers, learn directly from our team of diverse professionals, participate in hands on activities, and much more! We are currently in search of eight (8) Jackson Area Career Center Seniors, College students, or current GME Residents to volunteer as camp counselors during the week of camp.

Below are some of the healthcare careers you and the campers will have the opportunity to learn about:

- Emergency Care / First Responders
- Physical Therapy
- Sports Medicine
- Nursing
- Imaging
- Surgery
- Respiratory Therapy
- Lab and Diagnostics

Those interested in volunteering must be available for the Camp Counselor Orientation **Friday, June 13<sup>th</sup>, 2025, 9:00am - 11:00am**, as well as the entire week of camp **Monday, June 16<sup>th</sup> - Friday, June 20<sup>th</sup>, 2025, 7:00am - 4:00pm**. Each camp counselor will be assigned approximately three campers for the duration of the camp. The 2025 Health Care Camp will be held at Henry Ford Jackson Hospital, Monday, Tuesday and Thursday, and the Jackson area Career Center Wednesday, and Friday. Parents will have the option to drop their students off at the specified locations or at one of the three designated bus stops. Camp counselors will be assigned a bus stop location where they will be required to check campers in/out, ride the bus with the campers to and from Henry Ford Jackson Hospital, or the Jackson Area Career Center, then verify the camper's parent/legal guardians valid photo I.D. before releasing them at the end of the day. HFJH will provide campers and camp counselors with a t-shirt, goodie bag, lunch, and snacks throughout the day.

**Please Note:** All camp counselors will be required to receive all vaccinations and testing required by Henry Ford Health's compliance standards. After you have completed the below application, please email your completed application to Cierra Sylvester via email ([csylves4@hfhs.org](mailto:csylves4@hfhs.org)), no later than **Monday, May 12<sup>th</sup>, 2025**.

Background checks are completed on all volunteer applicants. A background check authorization form will be provided following your interview. Additionally, volunteers are required to follow all hospital protocol and complete a health screening prior to participation. Once your application is received you will receive a confirmation email informing you of the next steps in the interview process.

If you have any questions, please feel free to contact me via email ([csylves4@hfhs.org](mailto:csylves4@hfhs.org)).

Sincerely,

Cierra Sylvester  
Community Engagement  
Henry Ford Jackson Hospital  
Email: [csylves4@hfhs.org](mailto:csylves4@hfhs.org)



**Emergency Contact:**

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

Cell Phone: \_\_\_\_\_ Home or Work Phone: \_\_\_\_\_

**Employment History:**

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

**Volunteer History:**

Organization: \_\_\_\_\_ Volunteer Role: \_\_\_\_\_

Dates: \_\_\_\_\_

**References:**

Name: \_\_\_\_\_ Organization/Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home or Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Organization/Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home or Work Phone: \_\_\_\_\_

**Additional Information:**

Known Allergies: \_\_\_\_\_

Do you speak a language fluently other than English?  Yes  No

If yes, please list: \_\_\_\_\_

**Short Essay:**

In one paragraph please share why you are interested in healthcare and want to volunteer for our Health Care Camp as a camp counselor.

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How did you learn about the Health Care Camp volunteer opportunity at Henry Ford Jackson Hospital?

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T-shirt size (Please select one):      XS    S    M    L    XL    XXL

### Application Consent

I have completed the above information to the best of my ability and understand that any falsification of the information provided above may prohibit my participation in Henry Ford Jacksons Summer Health Care Camp. If selected to participate, I agree to abide by all the hospital rules, regulations, and expectations. I also understand that requirements may be changed at any time in accordance with best practice and/or organizational improvements for patient/staff safety and guest experience.

I understand I will be required to complete the Henry Ford Health's student immunization compliance standards. This includes the TB skin test, and current TDAP, and MMR vaccines. Please see the attached Camp Vaccination Timeline to ensure all vaccinations are administered within the correct timeframe.

I understand failure to ensure I receive all vaccinations and tests by the specified timeframes in the attached Camp Vaccination Timeline will prohibit me from participating in Henry Ford Jacksons Summer Health Care Camp.

I understand failure to send all required information, and documents to Cierra Sylvester via email ([csylves4@hfhs.org](mailto:csylves4@hfhs.org)) by **Monday, May 12<sup>th</sup>, 2025**. will prohibit me from participating in Henry Ford Jacksons Summer Health Care Camp.

I understand I will be responsible for coordinating transportation to and from the assigned student pick up/drop off location.

By Checking each box above, I, \_\_\_\_\_, confirm I have read and understood all information provided.

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