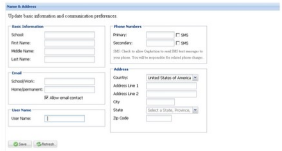


Name & Address

Up-date basic information and communication preferences.

Basic Information

School:

First Name:

Middle Name:

Last Name:

Phone Numbers

Primary: ☐ SMS

Secondary: ☐ SMS

SMS: Check to allow OrgAction to send SMS text messages to your phone. You will be responsible for related phone charges.

Email

School/Work:

Home/permanent:

☑ Allow email contact

Address

Country: United States of America

Address Line 1

Address Line 2

City

State: Select a State, Province,

Zip Code

User Name

User Name:

Save | Refresh

AHEC Nation Intake Form

AHEC Nation Intake Form

Additional Contact Information

1) IM Address (name/service):

2) Gender:

3) Birthday: 11/11/1111

4) Special medical needs/physical limitations:

High School

5) High School Name:

6) High School Graduation Year:

University/College

7) University Name:

8) Campus Phone:

9) Projected Graduation Year:

10) Year of Study:

11) Major:

12) Minor:

Emergency Contact

13) Emergency Contact Name :

14) Emergency Contact Relation :

15) Emergency Contact Address :

16) Emergency Contact Phone Days:

17) Emergency Contact Phone Evenings:

18) Mother's educational background:

19) Father's educational background:

Ethnic Background

20) Hispanic/Latino :

☐ Yes

21) Not Hispanic/Latino :

☐ Yes

Racial-Ethnic Information

Racial Background (select all that apply)

22) American Indian/Alaska Native (including Hispanic/Latino Descent):

☐ Yes

23) Asian :

☐ Yes

24) Black/African American (including Hispanic/Latino descent):

☐ Yes

25) Native Hawaiian or other Pacific Islander:

☐ Yes

26) White (including Hispanic/Latino Descent):

☐ Yes

27) Unknown/did not report :

☐ Yes

Language Spoken other than English

28) What languages, other than English, are you fluent in:

Volunteer Experience

29) Are you a NHSC participant, if yes, which program::

30) Have you volunteered previously in any AHEC Programs:

31) If so please list programs/projects below:

32) Have you ever been a volunteer or provided community service:

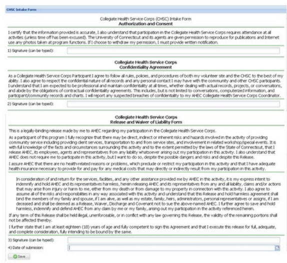
Activities/Sports

33) What activities do you currently participate in:

34) Do you have special skills or hobbies:

35) State briefly your motivation for applying:

Save



CHSC Intake Form

Collegiate Health Service Corps (CHSC) Intake Form

Authorization and Consent

I certify that the information provided is accurate, I also understand that participation in the Collegiate Health Service Corps requires attendance at all activities (unless time off has been excused). The University of Connecticut and its agents are given permission to reproduce for publications and Internet use any photos taken at program functions. If I choose to withdraw my permission, I must provide written notification.

1) Signature (can be typed):

Collegiate Health Service Corps
Confidentiality Agreement

As a Collegiate Health Service Corps Participant I agree to follow all rules, policies, and procedures of both my volunteer site and the CHSC to the best of my ability. I also agree to respect the confidential nature of all records and any personal contact I may have with the community and other CHSC participants. I understand that I am expected to be professional and maintain confidentiality at all times, whether dealing with actual records, projects, or conversations, and abide by the obligations of contractual confidentiality agreements. This includes, but is not limited to conversations, computerized information, and participant/community records and charts. I will report any suspected breaches of confidentiality to my AHEC Collegiate Health Service Corps Coordinator.

2) Signature (can be typed):

Collegiate Health Service Corps
Release and Waiver of Liability Form

This is a legally-binding release made by me to AHEC regarding my participation in the Collegiate Health Service Corps.

As a participant of this program I fully recognize that there may be direct, indirect or inherent risks and hazards involved in the activity of providing community service including providing client services, transportation to and from service sites, and involvement in related workshop/special events. It is with full knowledge of the facts and circumstances surrounding this activity and to the extent permitted by the laws of the State of Connecticut, that I release AHEC, its employees, agents and representatives from any liability whatsoever arising out my participation in this activity. I also understand that AHEC does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I assure AHEC that there are no health-related reasons or problems, which preclude or restrict my participation in this activity and that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my participation in this activity.

In consideration of and return for the services, facilities, and any other assistance provided me by AHEC in this activity, it is my express intent to indemnify and hold AHEC and its representatives harmless, herein releasing AHEC and its representatives from any and all liability, claims and/or actions that may arise from injury or harm to me, either from my death or from damage to my property in connection with this activity. I also agree to assume all of the risks and responsibilities in any way associated with this activity and understand that this Release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased and shall be deemed as a Release, Waiver, Discharge and Covenant not to sue the above-named AHEC. I further agree to save and hold harmless, indemnify and defend AHEC from any claim by me or my family, arising out my participation in the activity referenced herein.

If any term of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement and that I execute this release for full, adequate, and complete consideration, fully intending to be bound by the same.

3) Signature (can be typed):

4) Date of submission:

Save

CHSC Pre/Post Survey

CHSC Pre/Post Survey

1) Type of survey:

Rate yourself on the following statements:

2) I feel confident in my leadership abilities.:

3) I can assess situations, identify problems and evaluate solutions.:

4) I enjoy working as part of a team.:

5) I can learn from my mistakes and accept feedback.:

6) I respect the thoughts, opinions, and contributions of others.:

7) I understand the ethnic or cultural background of the population served.:

8) I want to work with under served populations.:

9) I can employ cultural competency skills in my interactions with others.:

10) I understand how poverty impacts health.:

11) I can explain how the social determinants of health impact personal and public health.:

12) I can modify my communication skills to accommodate the health literacy and/or English proficiency of those served.:

13) I have an interest in learning about careers in primary health care professions.:

14) I currently plan to pursue a career in primary health care. :

15) How much do you know about the National Health Service Corps?:

16) How likely are you to apply to the National Health Service Corps program?:

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED DURING THE POST-TEST ONLY

17) Did you feel prepared for your assignment with the CHSC?:

18) Would you recommend the program to a friend?:

19) Will you participate in the next CHSC Phase?:

20) Please describe in your own words how the CHSC had an impact on you personally and/or professionally. :

Save