Magnolia Coastlands AHEC Job Shadowing Application
Due October 15, 2014

Date_____
Name:
_____
_ Last First
Middle
Address:
_____
Street City State
Zip Code
Telephone Number___ ___ ____ Date of Birth__/__/____ Sex: M_____
F_____
Email Address: _____ Year in school:_____
In case of emergency:
Notify: _____ Telephone_____
List previous service (volunteered or paid) in hospital or public setting:
_____
_____
_____
Are you friends or relatives of any employees of East Georgia Regional Medical Center?
Yes____ NO____ If yes, please list the name(s)
_____
CRIMINAL CONVICTIONS
Have you been convicted of a crime (other than a minor traffic offense) or pled no contest to a crime?
YES ( ) NO ( ) If yes, please answer the following:
For each conviction, please provide the following information:
Date_____Offense_____
_____
_____
Place of conviction_____

Length of sentence/fine
amount_____

I hereby apply for the Magnolia Coastlands AHEC Job Shadowing Program. I understand and agree to comply with the requirements and regulations.

Are you interested in a health profession? If yes, please list the profession you are interested
in._____
_____

Print Name: _____ Sign: _____

Please mail application to:

Magnolia Coastlands AHEC
PO BOX 8146
Attention: Rachel Kirkland
Georgia Southern University
Statesboro, GA 30460

Please write a brief summary of why we should choose you for the Magnolia Coastlands AHEC Job Shadowing program.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____