



Community  
Memorial Hospital

**P.O. BOX 90  
SOUTH HILL, VA 23970**

VCU Health Community Memorial Hospital will be providing a summer camp program at VCU Health Community Memorial Hospital in South Hill, Virginia. The theme for our summer camp is CSI, Career Scene Investigation at VCU HEALTH CMH. CSI-CMH will rising 7<sup>th</sup> and 8<sup>th</sup> graders to investigate and gain practical knowledge of and experience healthcare opportunities.

The CSI-VCU Health CMH summer camp session will run from July 29 – August 2, 2024. Eighteen students will be accepted into the camp. Please read the following for requirements:

1. Applicants must be a rising 7<sup>th</sup> or 8<sup>th</sup> graders
2. Applicants must have a 3.0 GPA
3. Applicants must have a strong desire to learn about healthcare careers.
4. Applicants must have their own transportation.
5. Applicants must fill out an application.
6. Applicants must have two references, (from teachers)
7. Applicants must write a paragraph titled, “Why I Am Interested in this Camp.”

General Information about the camp:

1. There is no charge for the camp.
2. Snacks and lunch will be provided.
3. There will be an orientation July 24, 2024, at 6:00 PM in the VCU Health CMH Education Center in the C.A.R.E. building for parents and campers that will address:
  - a. Expectations of campers
  - b. Dress code
  - c. Release forms
  - d. ID Badges
  - e. Customer Service information
  - f. HIPAA Information
  - g. Schedule

**Packets must be returned by May 1, 2024.**

For additional information you may contact by phone or email:  
Hazel Willis, RN, 434-584-5438 or Hazel.Willis@vcuhealth.org

|  |             |
|--|-------------|
| <b>CAREER SCENE INVESTIGATION – VCU HEALTH COMMUNITY MEMORIAL HOSPITAL</b> |             |
| <b>CSI – VCU Health</b>  |             |
| COMMUNITY MEMORIAL HOSPITAL<br>SOUTH HILL, VA 23970                        |             |
| Name of applicant: _____   |             |
| Address: _____<br>_____  |             |
| Telephone #: _____   | Cell: _____ |
| Name of Parents: _____   |             |
| Address: _____<br>_____  |             |
| Telephone #: _____   | Cell: _____ |
| Parents Place of employment: _____   |             |
| Address & Telephone #: _____   |             |
| Last grade completed: _____ Date of Birth: _____                           |             |
| T-Shirt Size _____ (specify whether youth or adult)                        |             |
| Parent's Signature: _____  |             |
| In case of emergency contact: _____<br>_____<br>_____                      |             |
| Relationship: _____  |             |

**Completed Packet must be returned to VCU Health CMH by May 1, 2024**

VCU HEALTH COMMUNITY MEMORIAL HOSPITAL

P.O. Box 90

South Hill, VA 23970

Phone (434)584-5438 Fax (434) 584-5450

SUMMER CAMP APPLICANT

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

I authorize VCU Health Community Memorial Hospital to investigate my school record and I release all persons providing such information from all liability whatsoever for issuing the requested information.

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To the instructor: The above applicant has applied for participation in a Career Scene Investigation Summer Camp at VCU Health CMH. Please check the column, which most clearly characterizes your appraisal of this applicant.

THIS FORM MAY BE RETURNED VIA MAIL, FAXED TO: VCU HEALTH COMMUNITY MEMORIAL HOSPITAL EDUCATION DEPARTMENT Fax # 434-584-5450, OR VIA EMAIL AT hazel.willis@vcuhealth.org

|                              | <b>Good</b> | <b>Average</b> | <b>Fair</b> |
|------------------------------|-------------|----------------|-------------|
| 1. Academic performance      |             |                |             |
| 2. Organizational skills     |             |                |             |
| 3. Dependability/reliability |             |                |             |
| 4. Attitude                  |             |                |             |
| 5. Appearance/grooming       |             |                |             |
| 6. Attendance/punctuality    |             |                |             |
| 7. Class participation       |             |                |             |

Comments: \_\_\_\_\_

\_\_\_\_\_

Faculty Name: \_\_\_\_\_ Course Taught: \_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_

Faculty Name: \_\_\_\_\_ Course Taught: \_\_\_\_\_

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