

Medical D Application 2009-2010

Returning members must complete this application, attach proof of a negative TB Skin Test dated May 15, 2009 or later, and sign up for rotations as instructed by email.

New applicants must submit a completed application, proof of Hepatitis B immunity, and a negative TB Skin Test dated May 15, 2009 or later to SCC 239 by 11:45 a.m. on 8/27/09. Officers will review the applications and invite some applicants for interviews via email. Interviews will be on 9/1/09 and 9/2/09 from 5:00–8:00 p.m. in SCC 239.

Medical D. Policies:

1. As a member of Medical D, you will be required to fulfill all membership requirements each year, or you will forfeit your membership. Medical D policies are updated on our website by August 15 at www.auburn.edu/aed/med_d and you should review them yearly.
2. For your protection, you must provide documentation that you had a negative TB Skin Test dated May 15, 2009, or later and that you are immune from Hepatitis B.
3. You must follow all policies of East Alabama Medical Center and cooperate with the staff. **New and returning members are required to attend an orientation on 9/9/09 at 5:30 p.m. in SCC 115 or you will not be able to participate in Medical D.**
4. You will be allowed only TWO absences each semester you volunteer. A third absence will be grounds for dismissal from the program, unless you can provide proof of extenuating circumstances.
5. You must respect the patients' rights to privacy and confidentiality while volunteering.

Please complete all of the following information:

Name: _____ Date: _____

ID #: _____ Phone #: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____ Date of Birth: _____

SO/JR/SR: _____ AED Member (Y/N): _____

Major: _____ Concentration: _____

Cumulative GPA: _____ (Include ALL grades)

COSAM Verification: _____

Shirt Size: _____

* Returning members do not have to purchase a new shirt but may do so for \$15.00

In case of emergency, please list a name and phone number of someone the hospital can contact who can authorize treatment for you. This section must be completed or your application will not be considered.

Name: _____ Phone #: _____

I have read and agree to abide by all Medical D policies.

Signature: _____ Date: _____

Returning Medical D Members do NOT complete this page.

NOTE for New Applicants: The officers review the applications for new members without knowing whose application they are reviewing. Do not put your name or any identifying information in this section. On a separate piece of paper, type the questions and your answers and attach to the preceding pages.

Essay Questions

1. Briefly describe what personal attributes or characteristics you think will make you a qualified health care provider.
2. Volunteering in a hospital setting requires both time and responsibility. Describe past involvement or personal traits that exemplify your sense of responsibility.
3. In 300 words or fewer, explain why you want to be a Medical D volunteer. Have you applied for Medical D membership before? When? What do you hope to contribute to and gain from this organization?
4. List any campus activities in which you have participated or awards/honors you have received while at Auburn University. If you are a transfer student, you can describe activities/awards prior to enrollment at Auburn. Attachment of a one-page resume to answer this question is acceptable.