

**School to Career  
Application for Student Observation Experience**

**PLEASE ANSWER ALL QUESTIONS**

**School Information**

School \_\_\_\_\_ Color & Block \_\_\_\_\_

STC Coordinator/Teacher \_\_\_\_\_ Date \_\_\_\_\_

Students please complete the following section.

Name: \_\_\_\_\_ Year in School \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Day phone: \_\_\_\_\_ Night phone \_\_\_\_\_ Cell phone \_\_\_\_\_

DOB: \_\_\_\_\_

**Observation Request**

**Dates of Internship from** \_\_\_\_\_

**Career Focus 1<sup>st</sup> Choice** \_\_\_\_\_

**2<sup>nd</sup> Choice** \_\_\_\_\_

**3<sup>rd</sup> Choice** \_\_\_\_\_

**Give a brief description of the specific area within this business that you are interested in.**

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

**List at least three classes you have taken that are related to the health sciences.**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Briefly describe what you would like to gain from this experience & why you are interested in this area.**

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

**Below - For Chamber Use Only**

**Salina Area Chamber of Commerce  
Host Information**

STC Coordinator \_\_\_\_\_

Date Received \_\_\_\_\_

Date Confirmed \_\_\_\_\_

Confirmed Date/Time \_\_\_\_\_

Host Name & Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Dress Code \_\_\_\_\_

Parking/Entry \_\_\_\_\_

Health/Safety \_\_\_\_\_

Other Info: \_\_\_\_\_

\_\_\_\_\_

\*Salina Regional Health Center reserves the right to limit observation experiences based on number and appropriateness of requests.