



We are pleased to announce the addition of “Shadow Camp” to our CRASH Course Program. Shadow Camp is a one-day opportunity, for previous attendees of one of our Nurse and/or Medical/Healthcare Career Camps, allowing students to experience “**a day-in-the-life**” of a healthcare professional. Based on your areas of interest, you may choose to shadow someone currently practicing in that field. We have over 30 places (see enclosed list) from which to choose. Please note that there may be limited space in certain specialty departments.

Acceptance for participation in Shadow Camp requires the following:

1. Previous attendance of either Nurse or Medical/Healthcare Career Camp at Baptist Women’s
2. Completed Crash Course Shadow Camp Application with essay
3. Crash Course Shadow Camp Certification Form
4. Crash Course Shadow Camp Teacher/Guidance Counselor Recommendation Form
5. Attendance of this year’s Orientation Day

To apply to Shadow Camp, print, complete, and submit this entire packet to:

Baptist Memorial Hospital for Women  
6225 Humphreys Blvd.  
Memphis, TN 38120  
Attention: Kim Blankenship, Administration

**You will not need to print and complete any other downloadable forms from the website other than this packet.** Should you have any questions, please contact Kim Blankenship at 901-227-9103.



## CRASH Course Shadow Camp Application

Please use ink or type application

Name: \_\_\_\_\_ Goes by: \_\_\_\_\_  
          First           Middle           Last

Gender (please circle)           Male           Female

Please check which camp attended:

CRASH Course-Nursing     CRASH Course-Medical/Healthcare Career

Date Attended \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Parent Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than parent or guardian):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Circle Jacket Size:   XS   S   M   L   XL   2XL   3XL

Special Dietary Needs: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_) \_\_\_\_\_

Teacher/Guidance Counselor Name & Phone \_\_\_\_\_

Which of the phrases below best describes your racial/ethnic background:

- African American/Black
- American Indian/Alaskan Native
- Caucasian/White
- Puerto Rican, Cuban, other Hispanic origin
- Multiracial
- Mexican-American/Chicano
- Asian-American, Pacific Islander
- I prefer not to respond

How did you hear about CRASH Course Shadow Camp? (check all that apply)

- Friend/relative
- Teacher
- Guidance Counselor
- Poster/flyer
- Internet
- Other

\*On a separate sheet of paper, please explain, in 200 words or fewer, why you want to attend Shadow Camp and how you think this experience would be beneficial.



## CRASH Course Shadow Camp Application Certification

### *Applicant's and Parent's Pledge*

We affirm that all statements, personal data, and information provided on the application forms are true and accurate to the best of our knowledge. We understand that any misrepresentation or omission of material facts may result in the applicant being disqualified from the selection process or dismissed from CRASH Course Shadow Camp. If selected, the applicant agrees to participate fully in all appropriate CRASH Course Shadow Camp activities and to follow all rules and regulations. This includes attendance of this year's Orientation Day. We further agree that CRASH Course Shadow Camp will be free to produce and distribute photographs, audio, and video recordings, and other materials that illustrate CRASH Course Shadow Camp activities. We understand that the applicant alone has the responsibility for seeing that the application forms are completed and provided to the guidance counselor/teacher well in advance of the application deadline. We have reviewed the application and the information provided on the forms and determined that the applicant has parental consent to complete the application process.

STUDENTS WHO DO NOT AGREE TO THE RELEASE OF SCHOOL RECORDS FOR DETERMINING ADMISSIBILITY WILL NOT BE CONSIDERED FOR CRASH COURSE SHADOW CAMP.

We have read the entire pledge above and agree to all the provisions:

Applicant's full name (Please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONFIDENTIAL**  
**CRASH Course Shadow Camp**  
**Teacher/Guidance Counselor Recommendation Form**

Applicant's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

The following student, \_\_\_\_\_, is applying to attend CRASH Course Shadow Camp, a camp designed to introduce students to nursing and other healthcare careers.

1. Does the applicant require or receive any special services?     Yes     No
  
2. Please explain any special qualities or problems the applicant has. Comments are extremely important to the selection committees. You may attach a separate sheet.
  
3. Do you recommend this student for CRASH Course Shadow Camp?     Yes     No

\_\_\_\_\_  
Teacher/Guidance Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Teacher/Guidance Counselor's Name

\_\_\_\_\_  
Date



## Shadow Camp Preferences

Using the list below, please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choices for the following:

1. One of the 3 days of Shadow Camp
2. Unit of interest
3. Hospital (if unit type is available at both facilities)

Every effort will be made to accommodate your first choice based on space availability.

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

Date	Unit	Hospital
1 <sup>st</sup> Choice	1 <sup>st</sup> Choice	1 <sup>st</sup> Choice
2 <sup>nd</sup> Choice	2 <sup>nd</sup> Choice	2 <sup>nd</sup> Choice
3 <sup>rd</sup> Choice	3 <sup>rd</sup> Choice	3 <sup>rd</sup> Choice

(Please note that some units are only available at a specific hospital and the number of student slots per unit may be limited.)

### List of Shadow Camp Units

Women's Hospital	BMH Memphis Hospital
Women's Health Center	Pharmacy
Pharmacy	Lab
Lab	Radiology
Radiology	Nuclear Medicine
Labor & Delivery	MRI
Surgery	Dietary
Recovery Room/ICU	Respiratory Therapy
Medical/Surgical Floor	Physical Therapy
Neonatal ICU	Occupational Therapy
Mother Baby Unit	Speech Therapy
Dietary	Cardiac Cath Lab
	Bio-Medical Engineering
	Human Resources
	Health Information Mgmt.
	Information Systems
	ICU
	Surgery
	Pediatric Floor
	Emergency Department
	Oncology Floor
	Orthopedic Floor
	Neurology Floor
	Medical/Surgical Floor
	Audiology
	Restorative Care Hospital