

Dignity Health - Glendale Memorial Hospital and Health Center  
**Health Professions Internship**

1420 South Central Avenue  
Glendale, CA 91204-2594  
(818) 502-2373  
(818) 409-7781 Facsimile

**2022-2023 Student Application Due: Sept 15, 2023 by 5:00pm**

**Submit to Glendale Unified School District:**

**Dr. Christin Molano**, Coordinator, College & Career Readiness  
818-241-3111  
[cmolano@gusd.net](mailto:cmolano@gusd.net)

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell: \_\_\_\_\_

**High School Information**

High School Name / Address: \_\_\_\_\_

High School Level: \_\_\_\_\_

Age (Must be at least 16 years old when internship starts): \_\_\_\_\_

**Items to be submitted**

1. Essay
2. Letter of recommendation from a teacher, employer, mentor, etc. (please use attached form)
3. Fall Semester Schedule Preferences
4. Sizes form
5. Student and Parent/Guardian Agreement form
6. Parent/Guardian Permission form
7. Glendale Youth Alliance (GYA) application form

The student selection process will be conducted by members of the hospital Senior Leadership Team and physician mentors, in collaboration with Glendale Unified School District. Selected students are responsible for their own transportation to and from the hospital. If student is selected, student will need to provide documentation of the items listed below prior to beginning the internship. Please speak with your family physician regarding these requirements. The hospital can provide the TB test and flu vaccination, if needed.

1. TB/PPD test (This could require up to two weeks to obtain results; please plan accordingly)
2. Vaccination record or proof of immunity for Measles, Mumps, Rubella (2 doses); Varicella (2 doses), TDAP (good for 10 years); and Hepatitis B (must be two series, for a total of 6 doses)
3. COVID-19 vaccination documentation for bi-valent booster
4. Current Flu immunization is required from October 1 through April 30



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## 2023-2024 Student Application: Essay Instructions

**Instructions:** Please respond to the following questions in 400 words or less:

- Tell us about your interest in healthcare.
- What are your goals for this internship; what do you hope to learn, see, do, or achieve?
- What makes you a great candidate for this internship?
- What challenges, if any, have you had to overcome in order to pursue your goals or dreams?



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## 2023-2024 Student Application: Letter of Recommendation

Student's Name: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_

Title: \_\_\_\_\_

How long have you known the student and in what courses or capacities?

Please give a candid statement on why you recommend this student for the Dignity Health - Glendale Memorial Hospital Health Professions Internship.

Recommender's Signature / Date: \_\_\_\_\_



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## 2023-2024 Student Application: Fall Semester Schedule Preferences

**Instructions:** If you are selected for the program, you will have 6 clinical rotations for the Fall Semester. Please select up to 8 preferred areas of interest and indicate ALL of the days that work for your schedule. We will do our very best to accommodate your clinical rotation preferences.

*Reminder: Your internship commitment is one 3-hour block of time per week.*

| Clinical Rotations Available     | Start Time | Rotation Days Available | My Clinical Rotation Preference<br>(place an "x" here) | My Available Days |
|----------------------------------|------------|-------------------------|--|-------------------|
| Behavioral Health Unit           | 9:00 AM    | T, W, Th, F             |  |                   |
| Cardiology (Cath Lab)            | 7:30 AM    | M, T, W, Th, F          |  |                   |
| Emergency Room                   | 4:00 PM    | M, T, W, Th, F          |  |                   |
| Critical Care (ICU)              | 9:00 AM    | M, T, W, Th, F          |  |                   |
| Maternal Child Health option #1  | 8:00 AM    | M, T, W, Th, F          |  |                   |
| Maternal Child Health option #2  | 4:00 PM    | M, T, W, Th, F          |  |                   |
| Neonatal Intensive Care Unit     | 11:00am    | Saturday only           |  |                   |
| Medical Surgical Unit            | 4:00 PM    | Tuesday only            |  |                   |
| Telemetry option #1              | 8:00 AM    | M, T, W, Th, F          |  |                   |
| Telemetry option #2              | 4:00 PM    | M, T, W, Th, F          |  |                   |
| Pharmacy option #1               | 2:00 PM    | T, W, Th, F             |  |                   |
| Pharmacy option #2               | 9:00 AM    | Saturday only           |  |                   |
| Radiology                        | 4:00 PM    | M, T, W, Th, F          |  |                   |
| Surgery option #1                | 6:45 AM    | Tuesday only            |  |                   |
| Surgery option #2                | 7:30 AM    | Thursday only           |  |                   |
| OT/PT (Rehab Services) option #1 | 8:30 AM    | M, T, W, Th, F          |  |                   |
| OT/PT (Rehab Services) option #2 | 1:00 PM    | M, T, W, Th, F          |  |                   |
| Lab                              | 9:00 AM    | T, W, Th, F             |  |                   |

## 2023-2024 Student Application: Sizes

**Instructions:** If you are selected for the program, you will be provided with hospital scrubs to wear during your rotations, and a T-shirt for your personal use. Please indicate your sizes below.

**Hospital scrubs size: Top** (please mark one):

- XS
- S
- M
- L
- XL
- XXL
- XXXL

**Hospital scrubs size: Bottom** (please mark one):

- XS
- S
- M
- L
- XL
- XXL
- XXXL

**T-shirt size** (please mark one):

- XS
- S
- M
- L
- XL
- XXL
- XXXL



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## 2023-2024 Student Application: Student Agreement

### Please read carefully and sign below:

If you are selected for the internship program, the following items are required in order to participate in the program. Please indicate your understanding by signing below.

- **Orientations:** There are two mandatory orientations to attend prior to the start of the internship: Hospital Orientation (October 17, 4:00-6:30pm) and Healthcare Professions Internship Orientation (October 23, 5:30-6:30pm).
- **TB/PPD and Vaccines:** We must receive documentation of your TB/PPD test and vaccinations PRIOR to the start of your internship.
  - TB/PPD test (This could require up to two weeks to obtain results; please plan accordingly)
  - Vaccination record or proof of immunity for Measles, Mumps, Rubella (2 doses); Varicella (2 doses), TDAP (good for 10 years); and Hepatitis B (must be two series, for a total of 6 doses).
  - COVID-19 vaccination documentation (bi-valent booster)
  - Current Flu immunization is required from October 1 through April 30
- **Forms:** There will be several forms that must be completed PRIOR to the start of the internship program (such as emergency contact form, student confidentiality statement, student declaration of responsibilities, photo consent form, etc.)
- **Masks:** KN-95 masks are required to be worn in all patient care areas in the hospital at all times. There also may be times when you are required to wear an N-95. You must be fitted for an N-95 mask PRIOR to the start of your internship.
- **Uniform:** You must wear your hospital ID badge at all times. Your uniform will be hospital scrubs provided to you prior to the start of the internship.
- **Absences/Late Arrival:** If you are more than 15 minutes late to your clinical rotation, this is considered a tardy. After 3 tardies or after 2 absences (or any combination of tardies/absences), you will be required to meet with a representative from GUSD and a representative from Glendale Memorial Hospital to see how we can best support your timeliness and attendance. **Please note: Interns may be dropped from the program with repeated tardies and/or absences.**

### Student:

If I am selected for the internship program, I understand that all requested items must be turned in by Wednesday, October 25, 2023. I understand that Wednesday, October 25, 2023 is the final deadline and that no extensions will be granted. I understand that I must arrive on time to all my clinical rotations and that an absence will only be excused due to extenuating circumstances.

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Signature of student

### Parent/Guardian:

If my child is selected for the internship program, I understand that all requested items must be turned in by Wednesday, October 25, 2023. I understand that Wednesday, October 25, 2023 is the final deadline and that no extensions will be granted. I understand that interns must arrive on time to all clinical rotations and that an absence will only be excused due to extenuating circumstances.

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Signature of parent/guardian



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## 2023-2024 Student Application: Parent/Guardian Permission Form

I, \_\_\_\_\_,  
(name of parent or guardian) acknowledge that my child, \_\_\_\_\_  
\_\_\_\_\_ (name of child) is applying for the Dignity Health - Glendale Memorial Hospital Health-care Professions Internship for the 2023-2024 school year. If accepted, my child will participate in a year-long, on-site internship at the hospital. I understand that Dignity Health - Glendale Memorial Hospital is partnering with the Glendale Unified School District to provide this opportunity for my child.

If my child is selected for this internship, I understand that I will need to sign a "Release of Liability" before my child can begin the internship.

Printed name of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_



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**Glendale Youth Alliance Employment Application**

Verdugo Jobs Center, 1255 S. Central Ave. Glendale, CA 91204

Tel: (818) 937-8073 • Fax: (818) 937-8070 www.glendaleyouthalliance.org

1. Please complete entire application
2. Please print clearly
3. False statements will result in rejection of your application

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

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of people living at home, including yourself: \_\_\_\_\_ Monthly household income: \$ \_\_\_\_\_

Do you receive Government assistance such as Welfare, Cal Works, AFDC, etc. Yes No

Are you currently attending high school? Yes No Name of current or last high school: \_\_\_\_\_

Did you graduate high school? Yes No Please circle: (Diploma, G.E.D. or C.H.S.P.E.) \_\_\_\_\_

If still in high school, anticipated graduation date: \_\_\_\_\_ What grade are you in? \_\_\_\_\_

Are you currently attending college/university? Yes No Name of college/university: \_\_\_\_\_

Do you have verification of your identity and legal right to work documents in the United States? Yes No

Are you currently employed? Yes No If so, company name: \_\_\_\_\_ Hours per week: \_\_\_\_\_ If

not employed, will this be your first job? -Yes No

Have you previously participated in GYA programs? Yes No -If yes, Year(s): \_\_\_\_\_

Are you related to any GYA staff or board member, city of Glendale employee or a city council member? Yes No

If YES, name: \_\_\_\_\_ Department: \_\_\_\_\_

How did you hear about the GLENDALE YOUTH ALLIANCE? \_\_\_\_\_

**Available hours to work (please consider school schedule and extra-curricular activities)**

|             | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------|--------|---------|-----------|----------|--------|----------|--------|
| Start time: |        |         |           |          |        |          |        |
| End time:   |        |         |           |          |        |          |        |

Conviction information may be requested if your application is selected and you proceed with the hiring process. \_\_\_\_\_

Media Release for Promotional/GYA use: I hereby give my permission for the use of any photographs and videos that may be taken of me while working, or participating in miscellaneous activities related to the GLENDALE YOUTH ALLIANCE. Please initial \_\_\_\_\_

I hereby certify that all answers to the questions on this application are true, and I agree and understand that any misstatements of material facts or omissions herein will cause forfeiture on my part of all rights to any employment in the service of the GLENDALE YOUTH ALLIANCE.

Applicant's signature: \_\_\_\_\_ Parent or Guardian's signature (if applicant is a minor): \_\_\_\_\_