



## STUDENT APPLICATION

Name (*please print*) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

**(Please note:** A parent or legal guardian must sign the student forms if the observer is under the age of 18).

High School attending (if applicable): \_\_\_\_\_

College attending (if applicable): \_\_\_\_\_

Program enrolled: \_\_\_\_\_

Dates of rotation: \_\_\_\_\_

Name of Deaconess advisor/sponsor (*required*): \_\_\_\_\_

Department (*required*): \_\_\_\_\_

Signature Student \_\_\_\_\_

Date \_\_\_\_\_