SupremEd (Summer Pre-med) Student Volunteer Program

Thank you for your interest in Conemaugh Memorial Medical Center's SuPremEd Program!

What is SupremEd?
Conemaugh's six-week SupremEd Volunteer Program offers college students (age 18 and older) considering a career as a physician the opportunity to gain experience in assisting patients through volunteering at a premier tertiary care, regional referral hospital, while also learning more about the educational journey of becoming a physician from current medical students, residents and physicians.

What are the requirements of the program?

- Must commit to 8 hours a week (including 4 hour volunteer shift)
- May not miss more than one week
- Must be at least entering sophomore year in college
- Must currently be enrolled in Pre-Med course work
- Must have a letter or email of reference
- Must commit to follow all Volunteer Services and hospital guidelines and policies
- Volunteer experience at Conemaugh preferred

Who Should not apply for SuPremEd?

- Anyone who can not commit to eight hours/week for six weeks
- Anyone who has a Medical Doctorate or is currently a practicing medicine in this country our another country
- Anyone who is applying in search of a recommendation

PLEASE SEE CRITERIA AND DOCUMENTATION REQUIRED BELOW:

SuPremEd Criteria:

- Students must be currently enrolled in a Premed program and completed at least his/her first year of the program by start date
- Student must have an overall GPA of 3.3 or better on a 4.0 scale
- Student must demonstrate a strong interest in pursuing a career as a physician
- Student must be polite, considerate, and demonstrate strong communication skills
- Student must hold permanent residence in Cambria, Somerset, Bedford, and surrounding counties.

Documentation To be Submitted with Request:

- Volunteer Application Online www.conemaugh.org/volunteer (list "SupremEd" under *Health Area of Interest* category)
- Image Release (Page 2 of this packet)
- Copy of school transcript documenting current GPA
- Recommendation (email or letter) preferably from a professor or advisor
- A statement addressing the following points must be submitted from the applicant either in bulleted or narrative format:
    1. Why have you selected medicine/becoming a physician as your career path?
    2. Research describing the occupation and how this profession serves the patient.
    3. The academic and clinical training required
    4. The tuition and related expenses
    5. Anticipated future job market in PA and nationally for this specific career

Once you have submitted the online volunteer application located at www.conemaugh.org/volunteer, the required documentation below can be submitted by one of the following methods: Mail completed requests directly to Conemaugh Memorial Medical Center's Volunteer Services, 1086 Franklin St., Johnstown ,PA, 15905, Fax to 814-534-9431 or scan and email to rselfri@conemaugh.org or hgleason@conemaugh.org.

ALL required documentation must be submitted in order to be considered for the SuPremEd Volunteer Program. Spaces are limited. Those who meet qualifications and criteria will be considered on a first come, first served basis.

For questions, contact Volunteer Services at 814-534-9129.

Conemaugh Health System

Image Release

I hereby expressly grant to the Conemaugh Health System (hereafter “CHS”), the right to photograph me and use my picture, silhouette and other reproductions of my physical likeness (as the same may appear in any still camera photograph, videotape, and/or film, in and in connection with the exhibition, theatrically, on television, radio, or otherwise, of advertisements, commercials, educational programs, institutional films, CHS’s Web Site, or other marketing educational or institutional products). I further give the said company the right to reproduce in any manner whatsoever any recordings made by said company of my voice and all instrumental, musical, or other sound effects produced by me. I hereby give CHS the absolute and irrevocable right and permission, with respect to the photographs/images that they have taken of me in which I may be included with others:

A. To copyright the same in their own name or any other name that they may choose.
B. To use, re-use, publish and re-publish the same in whole or in part individually or in conjunction with other photographs in any medium and for any purpose whatsoever, including (but not by the way of limitation) illustrations, promotion and advertising and trade, and
C. To use my name in connection therewith if they so choose.
I hereby release and discharge CHS from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

This authorization and release shall also inure to the benefit or the legal representatives, licenses and assigns of CHS as well as the person(s) for whom they took the photographs.
I am over the age of eighteen. I have read the foregoing and fully understand the contents thereof.

NOTE: If under the age of eighteen, release form must be signed by parent or guardian.

Print Name (Adult or Parent/Guardian) _____

Signature_____ Date_____

Address _____ Topic _____

Telephone _____ Witness _____

1086 Franklin Street
Johnstown, PA 15905-4398
814-534-9000
www.conemaugh.org