

# WESTMINSTER FREE CLINIC STUDENT APPLICATION

TO THE APPLICANT: PLEASE FILL OUT APPLICATION AND RETURN TO VERONICA VILLA  
MAILING ADDRESS: 5560 NAPOLEON DR. OAK PARK, CA 91377  
CLINIC PHYSICAL ADDRESS (NO MAIL PLEASE): 1000 E. JANSS RD. THOUSAND OAKS, CA, 91360

## PERSONAL DATA

NAME (LAST) _____ (FIRST) _____	TODAY'S DATE _____
---------------------------------	--------------------

ADDRESS: _____ (STREET) _____ (APARTMENT #)	HOME TELEPHONE: ( ) ( )	CELL PHONE #: ( ) ( )
---	----------------------------	--------------------------

CITY: _____ STATE: _____	
ZIP CODE: _____	

EMAIL ADDRESS: _____	
----------------------	--

PLEASE INDICATE BEST WAY TO REACH YOU: ____ HOME # ____ CELL # ____ EMAIL	DATE OF BIRTH:     /     / AGE: _____
--	--

HIGH SCHOOL: _____
CURRENT GRADE: _____

CAREER GOAL(S): _____
-----------------------

Allergies:  
Health Issues: (asthma, seizures, etc.)

## Foreign Languages Spoken/Written

Language Spoken:	Fluent? Yes ___ No ___	Read? Yes ___ No ___	Write? Yes ___ No ___
------------------	---------------------------	-------------------------	--------------------------

Language Spoken:	Fluent? Yes ___ No ___	Read? Yes ___ No ___	Write? Yes ___ No ___
------------------	---------------------------	-------------------------	--------------------------

## Parent Information

FATHER / GUARDIAN	HIGHEST EDUCATION COMPLETED :	Country of Origin:	CURRENT JOB:
-------------------	-------------------------------	--------------------	--------------

EMAIL ADDRESS:	CELL #:		
----------------	---------	--	--

MOTHER/ GUARDIAN	HIGHEST EDUCATION COMPLETED :	Country of Origin:	CURRENT JOB:
------------------	-------------------------------	--------------------	--------------

EMAIL ADDRESS:	CELL #:		
----------------	---------	--	--

**BACKGROUND INFORMATION**

IS ENGLISH THE PRIMARY LANGUAGE IN THE HOME?  YES  NO

IF NO, PLEASE GIVE PRIMARY LANGUAGE:

DO YOU HAVE ACCESS TO A COMPUTER AND INTERNET?

AT HOME:  YES  NO

AT SCHOOL:  YES  NO

SPECIAL INTERESTS AND HOBBIES:

DO YOU VOLUNTEER SOME PLACE ELSE?  YES  NO

IF YES, NAME OF VOLUNTEER PLACE AND SCHEDULE:

DO YOU WORK?  YES  NO

IF YES, NAME OF EMPLOYER AND WORK SCHEDULE:

WHAT CLUBS OR ORGANIZATIONS DO YOU BELONG TO?

ARE YOU ACTIVE IN SPORTS, ORGANIZED AND/OR SOCIAL?  YES  NO

IF YES, PLEASE EXPLAIN:

WHY DO YOU WANT TO PARTICIPATE IN THE CLINIC?

HOW DID YOU HEAR ABOUT CLINIC?

THREE WORDS TO DESCRIBE YOU?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**ADDITIONAL INFORMATION**

WILL YOU BE ATTENDING SUMMER SCHOOL?  YES  NO  NOT SURE

IF "YES", DURING WHAT TIME WILL YOU BE IN SCHOOL? \_\_\_\_\_ - \_\_\_\_\_ (EXAMPLE 8:30 AM - 12:30PM)

WILL YOU BE ON VACATION OR OUT OF TOWN ANY TIME DURING SUMMER  YES  NO

IF YES WHEN:

**APPLICANT STATEMENT**

YOU ARE ELIGIBLE IF YOU ARE AN INCOMING FRESHMAN, SOPHMORE, OR JUNIOR IN HIGH SCHOOL LIVING IN EAST VETURA COUNTY OR ATTEND A HIGH SCHOOL IN EAST VENTURA COUNTY.

APPLICANT'S SIGNATURE:

DATE:

PARENTS SIGNATURE:

DATE:

THANK YOU FOR YOUR INTERESTE IN WESTMINSTE FREE CLINIC  
PLEASE KEEP PAGE 3 FOR YOUR RECORDS

Please keep this portion of the application for future reference

Attendance:

If you are accepted into the program, you are committing to intern at clinic every other Wednesday **YEAR ROUND** *{what this means is no excuses for tests, mid-terms, studying, sports, etc. If you are ill it is your responsibility to find another student to substitute for you. A student roster will be provided. You will also need to call or email your Teen Coordinator or student manager to let them know you will not be coming to clinic on your designated night}*.

Clinic hours are 5:00pm to 10:00pm or later, depending on the amount of patients at clinic that evening and set-up and tear down. As we are a mobile clinic, students are required to be at clinic at **4:30pm** for set-up of the tables, chairs, examination areas, RX, etc., **please be on time.**

Mandatory Trainings: We hold mandatory trainings several times a year, with the first one on to be held in June – date to be determined. Along with your training {approx 6 hours}, one or both of your parents will also have a mandatory parent meeting for approximately one hour.

Extra Classes:

Adult and Infant CPR Classes are made available to the students 2x a year. Approximate cost for this class is \$60.00.

First Aid Classes are offered 1 x per year at a cost approximately \$60.00.

Fees: To cover student handbooks and program costs, **the fee to intern is \$150.00.** In addition you will need to purchase Navy Blue scrubs. They can be found at Wal-Mart and sometimes at Costco. Tennis shoes must be worn at clinic, scrubs must be clean and your appearance neat at all times.

Field Trips:

We aim to have 4-6 field trips a year to different facilities such as Ventura County Medical Center, UCLA, Children's Hospital, Glendale Adventist Hospital, etc.

All field trips require parent permission slips.

Fund Raisers:

All students participate in a yearly raffle and are responsible for selling one book of tickets, value approximately \$150.00 in addition to working at the event.

We are looking for another fund raising idea and if we implement one, the students and their families are requested to participate.

Clinic Contact Information

Veronica Villa-Teen Program Coordinator

(805) 368-6365

(805) 241-8366

[veeramirez@yahoo.com](mailto:veeramirez@yahoo.com)

[Westminsterclinic.org](http://Westminsterclinic.org)

