



Covenant Health is the most comprehensive health care network serving West Texas and Eastern New Mexico. It is our mission to extend Christian ministry by caring for the whole person—body, mind and spirit—and by working with others to improve health and quality of life in our communities. We strive for sacred encounters and excellent care in every patient interaction. Our interns are high achievers who help us reach our goals within the hospital, by providing a great deal of support to the staff and patients.

About Our Program

Covenant Health's Hospital Administration & Clinical Internship Program challenges our students to take the next step in their professional careers by submerging themselves within a hospital environment.

Although the program is listed for hospital administration and clinical experiences, students in **any** background are more than welcome to apply, however, should know that this is the main center of focus for the program. We always accept students from any medical field, as well as other fields, including, but not limited to, Business, Communications, Psychology, etc. as we try to place you within that field in the hospital setting.

Primarily, students will be given the opportunity to participate in a hospital administration or clinical program by pairing them alongside a clinical manager or hospital leader who will take them under their wing and offer great insight to students interested in the medical field. Students will learn to work independently, diligently, and analytically to accomplish tasks and projects in their designated unit. The day to day assignments differ based on the placement, however, may include (but not be limited to) -

- Clinical: rounding on patients, answering call lights, following-up with discharge phone calls, putting together admission packets, re-stocking a patients' room, organizing a storage closet, writing thank you notes, etc.
- Hospital Administration: collecting data on unit floors, keeping track of spreadsheets and other documents, assisting with meetings, etc.

Please note that the experience a student will receive depends on the unit or department that they are placed in. Once you interview for the program, a much more detailed explanation can be offered depending on your certain interests.

Program Requirements

We ask that each intern completes **a minimum** of 100 hours of service at the hospital during their internship's semester. Typically, this averages to two shifts a week, each at four hours. Interns must be able to provide their class and work schedules at the beginning of the semester to prove that they will be able to meet this requirement. Students must currently be enrolled in an accredited college or university and live in Lubbock, TX for the semester of their choice. Students may also be participating in a gap year at school to participate in the program. Students of any college year are accepted into the program. No previous experience is necessary to apply for the program.

Directions

Please follow the directions carefully to submit your application:

Once you have filled out your entire application, please submit your application to Sharon Parks via e-mail at Parkss1@covhs.org for review by the appropriate deadline. Deadlines are as follows:

Spring Term: Jan. -June

Fall Term: July-Dec.

Label all your documents by first name, last name, and then name of the document you are submitting. Below, are examples of file names that you may submit:

JohnDoeApplication JohnDoeDriversLicense JohnDoeDL JohnDoeID
JohnDoeResume JohnDoeCoverLetter

Submit the entirety of ***this application itself*** as ONE PDF File or Word Document. If you choose to print and handwrite your answers, you must scan it back into ONE document – We will not be accepting applications that are separated into multiple pages. If you choose to write your answers, please ensure that writing is as neat and legible as possible. We will also NOT accept applications that are sent in a .png or photo file – it must be in PDF or Word. Any other assisting paperwork (resumes, cover letters, reference letters, etc.) that are not a part of the application below may be submitted in a separate PDF or Word document. Photos are ONLY accepted for a photocopy of your driver's license/ID.

When emailing your application – please include “Covenant Internship Application” somewhere in the subject line, as well as a brief message stating that you have turned in all your documents for review. Once the application has been submitted, Angie will verify that she has received ALL your necessary documentation and will provide the interview dates for your selected semester. More information will be provided via e-mail.

Contact

For any questions or concerns, please do not hesitate to reach out to us!

The fastest method of communication is via e-mail, and then phone:

Sharon Parks
(806) 725-0465
Parkss1@covhs.org
Volunteer Services Supervisor

Covenant Health Internship Application

Full Name:	Date:
Date of Birth:	Social Security Number:
Driver's License State & Number:	Please attach a copy of your driver's license or photo ID to the end of this application or on a separate file
Street Address:	Phone Number: ()
City, State, Zip:	E-mail Address:

<p>Please mark the desired semester that you are applying for. You may only mark ONE selection.</p> <p>_____ Spring (mid-January thru mid-July) _____ Fall (mid-June thru mid-December)</p>
<p>Please list most current and previous level (s) of education. Be sure to include details such as major, years attended, etc.:</p>
<p>Please list most current and previous job experiences. Be sure to include details such as the company name, position held, most relevant duties and responsibilities, etc.:</p>
<p>Please list any current and previous clubs/organizations that you are involved in:</p>

Covenant Health Internship Application

Please list any relevant certifications/special training currently held:

Please list special information/concerns that we should know (health, skills, language, etc.) and how these are applicable to the internship:

Please list any other special notes we should know:

Please list (if, any) the field of interest/specialty you are particularly interested in, in the healthcare field, and any background you have in that field:

Emergency Contact Name, Number and Relationship:

How did you hear about our internship program?

Friend Internet Advertisement School Self Other

Name & number of two personal references:

1)

2)

Have you ever been convicted of a felony or misdemeanor? Yes No

(A conviction may be relevant if job-related but does not necessarily bar you from volunteering.)

If YES, state circumstances, place(s), date(s):

Notice of and consent to background investigation

NOTICE: Covenant Health and/or its affiliates intends to conduct an investigation, and or obtain from a consumer reporting agency information concerning your character, general reputation (including criminal records), personal characteristics, and mode of living for the purpose of determining your eligibility for volunteer service. By your signature below you are affirmatively authorizing Covenant Health and/or its affiliates to request and use your report for volunteering purposes.

CONSENT: I hereby authorize Covenant Health and/or its affiliates to request and obtain a report on me as described above for purposes of evaluating my qualification for volunteering. I also understand that if a report from a consumer reporting agency is the basis for an adverse volunteer action, I can be furnished a copy of the report and such additional information as may be required by the law. This authorization shall remain valid until I furnish Covenant Health a written notice of revocation.

Applicant Signature

Date

CONFIDENTIALITY AGREEMENT: I understand and agree that in the performance of my duties as an intern of Covenant Health, I may have access to confidential information regarding patient records, personal records, and hospital records. It is one of my most important responsibilities to protect the privacy and confidence of patients, employees and the hospital. Any confidential information should be used only in the performance of duties. I understand that my failure to comply will result in disciplinary action, which may include discharge.

Applicant Signature

Date

CONSENT TO PHOTOGRAPH: The undersigned does hereby authorize Covenant Health to photograph, or permit other persons to photograph,

(Print - Name of Intern)

And agree that they may use, or permit other persons to use the negative, prints or videotape prepared there from, for such purposes and in such manner as may be deemed necessary.

Applicant Signature

Date

Code of Ethics

Working as an intern is a generous act, but it is also a privilege, which entails certain responsibilities. While at the hospital, volunteers must adhere to the same Code of Ethics that is practiced by the professional staff.

- 1 An intern must represent the hospital while in uniform and should act in a manner commanding respect for himself/herself, the hospital and the medical staff.
- 2 All information regarding patients and their families is strictly confidential.
- 3 An intern will not use his association with the hospital to seek the free medical advice or favors for himself or others.
- 4 Should an intern observe anything that seems to be amiss in the hospital, he/she should direct any questions or opinions to Angela Haney at (806) 725-0094, not to patients, friends or associates.
- 5 An intern must make sure he/she understands instructions. If in doubt, he/she should ask for clarification before acting.

Applicant Initials