

**BELLEVUE HOSPITAL CENTER  
EMERGENCY DEPARTMENT  
PROJECT HEALTH CARE APPLICATION**

**DATE:** \_\_\_\_\_

**NAME (Mr./Mrs./Ms.)** \_\_\_\_\_  
Last First M.I.

**COLLEGE/UNIVERSITY:** \_\_\_\_\_ **DATES ATTENDED:** \_\_\_\_\_

**MAJOR:** \_\_\_\_\_

**COLLEGE ADDRESS (Your college residence)** \_\_\_\_\_  
\_\_\_\_\_

**COLLEGE RESIDENCE PHONE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**SEND MAIL TO:** College address: \_\_\_\_ Home address: \_\_\_\_

**E-mail address:** \_\_\_\_\_

**OTHER EDUCATION, TRAINING, & INTERESTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS HEALTH-RELATED EXPERIENCE:**

Institution: \_\_\_\_\_ Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

**PREVIOUS VOLUNTEER EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_

**CAREER GOALS:** \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY:**

NAME (Mr./ Mrs.): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**REFERENCES:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ESSAY: (ATTACH TO APPLICATION):**

Please discuss in 500-750 words why you are interested in Project Health Care. What can you contribute to this program, and what do you hope to gain?

**ADDITIONAL INFORMATION (OFFICE USE ONLY):**

(A) \_\_\_\_\_ (D) \_\_\_\_\_ (AL) \_\_\_\_\_

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