Mercy
MEDICAL CENTER
DUBUQUE & DYERSVILLE
A member of Mercy Health Network

250 Mercy Drive
Dubuque, IA 52001
563.589.8000

1111 3rd St. S.W.
Dyersville, IA 52040
563.875.7101

A Magnet Hospital

You're invited to join the Nursing Exploring Program sponsored by Mercy Medical Center!

Dear Future Explorer:

Nursing and other health-related professions are among the fastest growing in the country! Exploring is excited to learn of your interest in nursing and other healthcare professions from a recent school survey. Together with Mercy Medical Center in Dubuque, we would like to invite you to participate in the Nursing Exploring Program to learn more about nursing and other health career opportunities!

Exploring is a non-profit which offers career exploration programs to both male & female high school students. The first meeting for this program includes hospital department tours in the Emergency Room, Operating Room, Birth Center, and a presentation by a speaker to discuss the nursing profession. Mercy then teams up with NICC, Peosta Campus to continue the program. For the next few meetings, students will learn in the NICC skills lab and tour area nursing facilities.

FIRST MEETING
Date: Thursday, November 15, 2018
Time: 5:00-7:00 p.m. (registration 4:45-5:00 p.m.)
Location: Mercy Medical Center (follow signs to meeting room)
250 Mercy Drive, Dubuque, IA
Annual Registration fee: $40.00 (payable to Exploring)

Please mail this fee, the completed registration form, and the enclosed confidentiality form to Exploring, PO Box 732, Dubuque, IA 52004. This program will meet three additional times. A full schedule is included on the back of this letter. **Attendance is very important** due to the safety regulations and standards that will be taught.

In order to provide you with the best possible program, **spaces are limited**! Spaces will be filled on a first come-first serve basis. Please contact Melissa Neuhaus with the Exploring Program at 563-556-4343 or email her at melissa.neuhaus@scouting.org to secure your space.

Sincerely,

Heather Wuebker, RN
Site Coordinator
Mercy Medical Center

Nursing Exploring Post Schedule

November 15 |	Hospital Tour (5:00-7:00) Mercy Hospital 250 Mercy Dr in Dubuque
November 29 |	Nursing Lab & Practice (5:00-7:00) Northeast Iowa Community College 8342 NICC Dr in Peosta
December 13 |	Site Visit (5:00-7:00) Hawkeye Care Center 5575 Pennsylvania Ave in Asbury
January 9 |	Site Visit (5:00-7:00) Hill & Dales 1011 Davis St in Dubuque

HEALTH CARE EXPLORING

EXPLORING™
DISCOVER YOUR FUTURE

YOUTH PARTICIPANT

EXPLORING™

DISCOVER YOUR FUTURE

Post number: 2500

If applicant has an unexpired participant certificate, participation may be accomplished in this unit by paying $1 for processing the transfer. Mark and attach certificate. It will be returned by the council.

○ Transfer application Transfer from council No.: Post number:

Name and address information **(Please print one letter in each space—press hard, you are making a copy.)**

First name **(No initials or nicknames)** Middle name Last name Suffix

Country: US Mailing address City State Zip code

Phone Date of birth (mm/dd/yyyy) Grade

Ethnic background:
○ Black/African American ○ Native American ○ Alaska Native ○ Asian
○ Caucasian/White ○ Hispanic/Latino ○ Pacific Islander ○ Other

School

Gender: ○ Male ○ Female

Email address @

Parent/guardian information

Select relationship: ○ Parent ○ Guardian ○ Grandparent ○ Other (specify)

First name **(No initials or nicknames)** Middle name Last name Suffix

Country: US Mailing address City State Zip code

Home phone Date of birth (mm/dd/yyyy) Occupation Employer Gender: ○ M ○ F

Business phone Ext. Previous Exploring experience Cellphone

Parent/guardian email address @

I have read the attached information sheet and approve the application (signature of parent/guardian required if applicant is under 18 years of age).

Signature of post leader Date

Signature of parent/guardian

Signature of Explorer

Participation fee $. Paid: ☐ Cash ☐ Check No. _____ ☐ Credit card

LOCAL COUNCIL COPY

Retain on file for three years. 524-309

PLEASE BRING SIGNED CONFIDENTIALLY STATEMENT WITH YOU TO REGISTRATION:

I will adhere to the following stipulations in the course of my observational experience in Mercy Medical Center, St. Joseph's Unit on Thursday, November 15, 2018.

1. I will follow all directives of the personnel to whom I am assigned.
2. I will not interfere with the care/treatment of any patient nor disrupt any department's scheduled activity.
3. I will remain in the designated department during all observational periods unless excused by the supervisory/assigned personnel.
4. I will keep all patient information completely confidential.
5. I will not provide patient care/treatment.

In addition, I agree to hold Mercy/Medical Center and their employees harmless and indemnify/release Mercy Medical Center from any and all claims that may arise out of or in any way be connected with my observational experience.

Student Name:_____

Address:_____

Age:_____Phone Number:_____

Social Security Number:_____

School:_____

_____
Student signature Date

_____
Parents signature (Required for students under the age of 18)