



LAKESIDE MEDICAL CENTER
AMBASSADOR PROGRAM

Dear Applicant,

Thank you for your interest in the Lakeside Medical Center Ambassador Program. This program is available to individuals who are at least 16 years of age.

We will make every attempt to place you in an area of your interest. Completing this application does not confirm your acceptance to our program. All applicants must attend the Orientation class and program requirements in order to participate. We will contact you to confirm the Orientation Date (Please print clearly.)

Name: _____

Address: _____

Phone #: _____ Birthdate: _____

Parent/Guardian/Spouse - Emergency Phone #: _____

School: _____ Grade: _____

Hospital Area of Interest or learning/ skills
desired _____

Days available: _____

Email address: _____

PARENTAL CONSENT:

The undersigned, parents and/or legal guardian of _____, a minor, hereby consent to the PPD Skin Test (Tuberculin Test) of our minor child.

Parent's Signature

Date

Please provide with this application; Proof of Immunizations and PPD/TB Skin Test.