

# Carolina Pines Care Apprentice Program 2025

Care Apprentice is our Health Care Career Mentoring Program designed to introduce the health care industry to bright, enthusiastic students from our surrounding counties. The professionals at Carolina Pines Regional Medical Center recognize the need for increased awareness of opportunities in the healthcare industry. Therefore, Care Apprentices originated to establish the necessary foundation and support to assist students both practically and scholastically. We hope to provide exposure to a wide variety of potential career choices in the health care field. By participating in the Care Apprentices Program, students may find their career interests confirmed or directed towards an area in healthcare.

### The following is a list of criteria necessary for acceptance:

- 1. Student will be a rising High School Senior, rising College Freshman, or rising College Sophomore.
- 2.2.5 GPA required based on a 4.0 scale (must be verified by school official).
- 3. Application must be submitted by May 2, 2025.
  - Mail to: Carolina Pines Regional Medical Center Attn: Education Department 1304 W. Bobo Newsom Hwy, Hartsville, SC 29550
- 1. Mandatory Orientation for Those Selected: June 9, 2025.
- 2. Two weeks prior to your Orientation, you will need to schedule an appointment with the Employee Health Nurse/HR Dept to have a background check, drug screen and TB blood test as well as have your photo ID made. Call HR to schedule (843) 339-4590.

#### **PROGRAM OUTLINE**

- Our program will consist of four weeks, with a sixteen to twenty hour per week commitment.
- Dates for 2025: June 3-6, June 9-12, June 16-19, June 23-26.
- •No exceptions will be made for camps, vacations, etc. All dates must be completed.
- •Interviews may be scheduled for final candidates.

## Carolina Pines Care Apprentice Program Application

Carolina Pines Regional Medical Center is an equal opportunity employer and pledges to provide equal opportunities without regard to race, color, religion, age, sex, national origin, disability, or veteran's status. Carolina Pines Regional Medical Center provides a smoke-free work environment.

Social security number:	Date:	Name:	
EDUCATION (Please circle one): Rising High School Senior Rising College Freshman Rising College Sophomore  List of Honors Classes:  Extracurricular Activities:	Social security number:	Cell phone number:	
Extracurricular Activities:  Extracurricular Activities: To be completed by school official*  Present GPA (inclusive of 9th grade and above):  (Verifying GPA and student's intent to enter Health Sciences Field)  Have you previously applied for or participated in the Care Apprentice Program? Yes No Do you have any relatives employed at Carolina Pines Regional Medical Center? Yes No  AGREEMENT ANDUNDERSTANDING  As the responsible party of  AGREEMENT ANDUNDERSTANDING  As the responsible party of	Address:		
Extracurricular Activities: To be completed by school official* Present GPA (inclusive of 9th grade and above): To be completed by school official* Present GPA (inclusive of 9th grade and above):	Emergency contact phone number:		
Extracurricular Activities:	EDUCATION (Please circle one): Rising High School Senior Rising Co	llege Freshman Rising College Sophomore	
Present GPA (inclusive of 9th grade and above): 4.6 or 6.0 Scale:  Guidance counselor's signature:	List of Honors Classes:		
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(Verifying GPA and student's intent to enter Health Sciences Field)  Have you previously applied for or participated in the Care Apprentice Program? Yes No  Do you have any relatives employed at Carolina Pines Regional Medical Center? Yes No  AGREEMENT ANDUNDERSTANDING  As the responsible party of		. ,	
Do you have any relatives employed at Carolina Pines Regional Medical Center? Yes No  AGREEMENT ANDUNDERSTANDING  As the responsible party of			
As the responsible party of			
abide by the dress code and any other hospital policy as part of his/her participation in this program.  Signature of Parent or legal guardian	AGREEME	ENT ANDUNDERSTANDING	
Signature of Parent or legal guardian Date:  I certify that the information I have given on this application is true and complete and agree that any false information is cause for removal from the Care Apprentice Program. The companies, schools, and persons named above may give information regarding me and I release them from all liability for doing so. I understand that this is not a contract of employment and Carolina Pines Regional Medical Center has the right to separate me from the program at any time as I have the right to leave at any time.	,		
Apprentice Program. The companies, schools, and persons named above may give information regarding me and I release them from all liability for doing so. I understand that this is not a contract of employment and Carolina Pines Regional Medical Center has the right to separate me from the program at any time as I have the right to leave at any time.	, , , , , , , , , , , , , , , , , , , ,		
Signature of Student Applicant: Date:	Apprentice Program. The companies, schools, and persons named above may give information regarding me and I release them from all liability for doing so. I understand that this is not a contract of employment and Carolina Pines Regional Medical Center has the right to separate me from the program at any time as I have the right to leave at any time.		
	Signature of Student Applicant:	Date:	

#### **ESSAY REQUIREMENTS**

Please write an Essay explaining what areas of healthcare you are interested in and why. Explain why you think this program would benefit you. Your essay should be no longer than 1,000 words and must be submitted with your application. This essay will be used to select students.