



VCHCA HOPE Summer Student Program

2024 Health Occupations Pipeline Education (HOPE)

Ventura County Health Care Agency (VCHCA)

The Health Occupations Pipeline Education (HOPE) Student Programming is a collaboration between the Ventura County Health Care Agency (VCHCA) departments and divisions. HOPE is supported by Instructors/Mentors from Ventura County Medical Center (VCMC)/Santa Paula Hospital, Family Medicine Residency, and Ambulatory Care.

HOPE was created to provide diverse opportunities for local high school, community college and university students. In a few short years, HOPE has been instrumental in increasing educational opportunities, leadership and professional development for students in our community.

The program is designed to provide authentic clinical exposure and service, insight into research and evidence, opportunity to explore professional goals and expand healthcare opportunities. Equipment, supplies, and VCHCA training facilities are used to train students and expose them to new and innovative skills which we hope will inspire them to continue their higher education in healthcare, while building our future workforce.

HOPE student selection considers student opportunities and the focus is to recruit students from historically underserved communities who would otherwise not have access to having role models or mentors in health care fields.

Our goal is to inspire the next generation of healthcare leaders for Ventura County.

The following programs are available:

HOPE Healthcare Summer High School Students (limited enrollment). Students must be 16 years of age by July 1, 2024 and a Junior in High School.

HOPE College and University Students (limited enrollment)

HOPE Healthcare Students

Students will be exposed to a variety of healthcare pathways during this 5-week program while hosted at one of the VCHCA Clinical Sites. Programming will run 9 am – 4 pm, Monday through Friday (no programming will be offered on July 4, 2024). The objective of the program is to expose participants to key skills sets, work ethics, disciplines and fundamental elements of diverse healthcare professionals in a dynamic health care delivery arena.

The 5-week program overlaps with other student programming including our college and university level programming such that all students will be learning together.

HOPE will highlight many Divisions of Ventura County Health Care Agency, Public Health, Behavioral Health, Medical Examiner's Office, Healthcare for the Homeless and many departments including Surgery, Medicine, Obstetrics, Pediatrics, Pathology, Oncology, Phlebotomy, BioMed Diagnostics and Technology, Information Technology (IT/Electronic Health) and Health Information Management (HIM), Nursing, Respiratory Therapy and Physical Therapy during orientation.

Important Dates

- The 2024 HOPE Summer Student Program begins Monday, July 1, 2024 and ends Friday, August 2, 2024.
- Application Filing Period: Applications must be received no later than Monday, April 22, 2024 by email, or postmarked by Monday, April 15, 2024 (see address below).
- Letters of Recommendation are due by: 5:00 pm, Monday, April 22, 2024 (by mail) or by email to HOPEProgram@Ventura.org no later than Monday, April 29, 2024.
- Interviews will be held April 30 through May 17, 2024 (more information to follow).
- Students will be notified regarding participation by the HOPE Coordinator and Health Liaison by: Friday, May 31, 2024. Any additional slots will be filled by June 21, 2024.

All Summer Students will be expected to participate daily July 1 to August 2, and to attend the Culmination on Friday August 2, 2024 to review the summer highlights and to celebrate all of our summer students.

Letters of Recommendation are required. We encourage letters to be submitted:

Emailed to:

HOPEProgram@Ventura.org

OR

Mailed to:

Medical Education
300 Hillmont Ave, Building 340B
Ventura, CA 93003



2024 HOPE Summer Student Program

Ventura County Health Care Agency

Application

Name: _____ Date of Birth: _____

Address (current): _____

Phone Number: _____

Email Address: _____

Email Address for parent or guardian: _____

(For Applicants under the age of 18)

Language(s) Spoken/Written: _____

Which of the following best describes you? (optional, check all that apply)

- Man Woman Agender Genderqueer/ Non-binary/ Gender non-conforming
- Trans Man/ Transgender Male Trans Woman/ Transgender Female
- Not listed and wish to share: _____

Preferred Pronoun(s): _____

Which of the following best describes you? (optional, check all that apply)

- Asian or Pacific Islander American Indian or Alaska Native
- Black or African American Hispanic or Latino or Latinx
- Indigenous White or Caucasian Multiracial or Biracial
- Not listed and wish to share: _____

For High School Student Applicants

High School Attending: _____

High School Grade Level (Spring 2024): _____



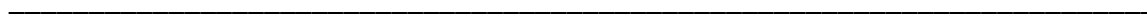
For College Student Applicants

College Attending: _____

Year in College (Spring 2024): _____



Career Interests: _____



Please attach a recent passport-style photograph of yourself.

Personal Statement:

Submit a brief biographical sketch. Include your interests and experiences, what you expect to receive from and contribute to the program, and any other information you think might be helpful in our appraisal of you as a candidate for our program.

Previous experience:

Tell us about any previous experience(s) in a medical or health care setting, research or other special project/service.

Please list two references from work, school, or volunteer experience(s) who will write you letters of recommendation. Letters should comment on your motivation and aptitude for learning. Please include their name, title, email address and phone number, as well as the dates and context of your association (e.g., 2020 – biology teacher; 2021 – current – work supervisor).

Deadline for receipt of letters is 5 pm on April 29, 2024.

Please have your References upload their letters of recommendation to:

HOPEProgram@Ventura.org

Reference 1

Name: _____

Title: _____

Email: _____

Phone: _____

Association: _____

Reference 2

Name: _____

Title: _____

Email: _____

Phone: _____

Association: _____

How did you learn about the HOPE Summer Student program?

Are you related to someone who works in the Ventura County Health Care Agency?

Have you applied to this program previously? If so, what year(s)?

For email Submissions

For all of the student applicants, please have your subject line labeled as: HOPE Student App, whether high school or college student applicant, and applicant’s name.

Ex: High School HOPE Student App – [STUDENT NAME]

For emailing Letters of Recommendation, please have your subject line labeled as Letter of Recommendation, whether high school or college student applicant, and applicant’s name.

Ex: High School Letter of Recommendation – [STUDENT NAME]