

# Vocational Service Project

## Bay City Rotary Club

The Bay City Rotary Club is providing a project in vocational service designed to interest high school students in the businesses and trades that are available locally. It is hoped this project will help students make good career decisions.

Business and professional people are inviting students to spend one forenoon with them at their offices, business, and shops, and will host the students at a luncheon at the Doubletree Hotel, 1 Wenona Park Pl., Bay City, at noon. (A schedule that would begin with the luncheon and then with the student spending the afternoon at the work site could also be arranged if that would be more helpful.)

Arrangements for participation are made through the use of this form.

**Part A** -- Vocational Service Opportunity (Part A, the invitation, is to be filled out by the Rotary member and then distributed to the school by Rotary Vocational Days Committee.)

(Please Print or Type)

Visitation Date: November 1 20 16 # of Students: 3

Brief description of the vocation the student will experience: Surgical Services in an inpatient hospital setting; students will observe hospital staff working in a variety of roles within Surgery, such as Surgical Techs, Nurses, Operating Room Assistants, CRNA (Nurse Anesthetist), Surgeons, Schedulers, etc.

Name and address of business: McLaren Bay Region, 1900 Columbus Avenue, Bay City  
*NOTE: Students should wear comfortable shoes and not wear jewelry. Also students should eat breakfast (the excitement of surgery can result in light-headedness, so it's best to eat breakfast & be prepared)*

Host Rotarian: Cherri Burzynski/ Konnie Gill Title: President, McLaren Bay Special Care/ Director, McLaren Bay Medical Foundation Phone: (989) 667-6851 / (989) 895-4728

Contact Person: Laura Love, Health Ed & Community Outreach Coord. (989) 894-3936 E-mail: laura.love@mclaren.org

What time should the student meet you: 8:15 a.m. Where: McLaren Bay Region Lobby (lobby area outside cafeteria), 1900 Columbus Avenue, Bay City (See note above)

**Part B** -- Student Information (Counselors will identify an appropriate student for the visit described in Part A, then complete Part B and fax (mail, if no fax) a copy of the full form to the Host Rotary member to tell him/her who is coming and to inform him/her of any special arrangements that might be needed.)  
Parent signature confirms permission for student to participate.

Name of student: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents and address: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Parent permission signature: \_\_\_\_\_

Vocational goals or areas of special interest: \_\_\_\_\_

Any necessary special arrangements: \_\_\_\_\_

School Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Fax: \_\_\_\_\_

Original to Student's File

Copy to Student

Fax to Host