

2025/2026 Healthcare Career Explorers Program Registration Packet

Thank you for your interest in participating in the 2025-2026 Explorers Program at CentraState Healthcare System. In partnership with the Boy Scouts of America Post 255, this co-ed program gives teen girls and boys ages 14-18 the opportunity to explore a variety of careers in the healthcare field. Please see below for instructions on how to apply.

1. Complete *Student Registration Forms Attached to this Packet*

**** Fill out all forms** in their entirety. **Do not** leave anything blank. Missing pieces prevent the Application from being processed

- 1) *Boy Scouts Membership Form*
- 2) *Expectations & Guidelines* (including T-shirt size)
- 3) *Photo Consent Form*
- 4) *HIPAA Privacy and Confidentiality Form*
- 5) *Copy of your 2025 Flu Vaccine* (due by October 1)
 - a) If necessary, Medical Exemption Letter from Doctor

2. Return Forms to explorers@centrastate.com

- Applications are to be sent by **email only** (in-person applications will **NOT** be accepted)
 - Please email to explorers@centrastate.com only.
- Applications are accepted on a first come/first-served basis to the first 50 **COMPLETED** applications
- Applications are **due by Friday, September 26 at 4:00pm**

3. Wait for Acceptance Email: Emails will be sent out on **Wednesday, October 1.**

4. Mail in Explorers Registration Fee by Friday, October 10 (for accepted students only)

- \$65 check/money order, made out to *CentraState Foundation* (**NO** Cash)
- Please print student's full name in memo of check/money order
- Information on where to mail payment will be included on the acceptance letter.

2025-2026 Explorers Schedule

3rd Tuesday of each month ~ 6:30pm-8pm

Jack Aaronson Conference Center Auditorium, Star & Barry Tobias Ambulatory Campus

2025	2026
October 21: Orientation November 18 December 16	January 20 February 17 March 17 April 21 May 19: Family Celebration

Exploring brings business and community leaders together to help young people reach their full potential. Exploring offers youth and young adults unique, hands-on experiences in an environment that develops leadership, character, and confidence through many immersive and empowering moments along the way.

OUR MISSION

Deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

OUR VISION

Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.

PROGRAM UPDATE: This youth application is to be used only for youth 17 years old and younger. Beginning ***January 6, 2020**, all applicants 18 through 20 years old must complete and submit an adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader.

CLUBS

The Exploring club career education program is for young men and women in the sixth, seventh, and eighth grades. They must be at least 10 years old but not yet 15 years old and have completed the fifth grade but have not yet completed the eighth grade. For those individuals who are 15 years old or older, please review the guidelines for joining Exploring posts.

POSTS

The Exploring post career education program is for young men and women who have completed the eighth grade and are at least 14 years old and not yet 21.

NOTE: *This updated start date for this policy is August 1, 2020.

Exploring Information for Parents

A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.

Welcome to Exploring!

Please take the time to review this material and reflect upon its importance.

Exploring and Participating Organizations

Exploring is a program of Learning for Life—a nonprofit organization that provides character and career programs and resources to youth across the country. Exploring is made available to our nation's youth through agreements with community organizations to operate Exploring clubs and Exploring posts.

The participating organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of Exploring. The local council provides adult training, program ideas, outdoor facilities, literature, professional guidance for adult leaders, and liability insurance protection.

Exploring's Adult Leaders and You

Exploring's adult leaders provide leadership at the unit, district, council, and national levels. Many are parents of Explorers. Each participating organization establishes a unit committee, which operates its Exploring unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The unit committee selects the post advisor or club sponsor, subject to approval of the head of the participating organization and of Learning for Life. Adult leaders must be good role models because our children's values and lives will be influenced by that adult. You need to know your child's adult leaders and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Exploring uses an interactive program to promote character development, citizenship training, and career education for every participant. You can help by encouraging attendance, attending meetings for parents, and assisting when called upon to help.

Youth Protection Begins With You™. Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to Exploring. For that reason, Exploring continues to create barriers to abuse beyond what have previously existed in Exploring.

Exploring places the greatest importance on providing the most secure environment possible for our youth participants. To maintain such an environment, Exploring has developed numerous procedural and adult leader selection policies, and provides parents and adult leaders with numerous online and print resources for the Exploring programs.

Health Information. You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record found on www.exploring.org and give it to the unit leader.

The annual national registration fee is nonrefundable.

For general questions, contact your local council.

Program Policies

Participating organizations agree to use the Exploring program in accordance with their own policies as well as those of Learning for Life. The program is flexible, but major departures from Exploring methods and policies are not permitted. As a parent, you should be aware that

- Exploring adult participation is restricted to qualified people.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drills for ceremonies are permitted.

Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one activities between participants and adults are never permitted. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Youth Protection training must be taken every two years. This training can be taken at www.exploring.org/training-safety.
- We encourage all parents to be involved with their Explorer. There are no "secret" organizations in Exploring and all Exploring activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the council executive.
- Effective on the participant's 21st birthday, he or she must register as a leader and can no longer be a youth participant.

Policy of Nondiscrimination

Youth participation is open to any youth in the prescribed age group for that particular program. Adults, 21 years of age and older, are selected by participating organizations for involvement in the Learning for Life programs. Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status, and citizenship are not criteria for participation by youth or adults.

Youth and adults involved with Learning for Life programs, including Exploring, are registered with Learning for Life as participants.

Ethnic background information. Please fill in the appropriate circle on the application to indicate ethnic background. This information helps Learning for Life and Exploring plan for success in serving all youth.

Thank You

Learning for Life appreciates you taking time to become familiar with Exploring. We feel that an informed parent is a strong ally in delivering the Exploring program. Help us keep the unit program in accord with Exploring principles. Please do your fair share to support a quality program.

If applicant has an unexpired participant certificate, participation may be accomplished at no charge by transferring the registration. Mark and attach a copy of the certificate.

☐ Transfer application

Transfer from council no.:

☐ Exploring Post

☐ Exploring Club

Number:

Name and address information

First name **(No initials or nicknames)**

Middle name

Last name

Suffix

Country

Mailing address

City

State

Zip code

Primary 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

Gender: ☐ Male

☐ Female

School

Email address (for youth 13 years of age or older)

Parent/guardian information

Select relationship:

☐ Parent

☐ Legal guardian

First name **(No initials or nicknames)**

Middle name

Last name

Suffix

Country

Mailing address (If same as above, click here.) ☐

City

State

Zip code

Primary phone

 - -

Date of birth (mm/dd/yyyy)

 / /

Occupation

Employer

Gender:

☐ M

☐ F

Alternate phone

 - -

Ext.

Previous Exploring experience

Parent/guardian email address

☐ Exploring Post

☐ Exploring Club

Number:

Signature of post advisor or club sponsor

 / /

Date

Participation fee \$.

Paid: ☐ Cash

☐ Check No. _____

☐ Credit card

I have read the Information for Parents on page 2 and approve this application.

Signature of parent/guardian

Signature of Explorer

*Applicants 18 through 20 years old must complete an adult application.

Health Care Career Explorers Expectations & Guidelines

**To be completed & signed by the student as well as the parent/guardian.*

Welcome to the **Health Care Career Explorers Program**, in partnership with CentraState Healthcare System and Boy Scouts of America! We hope that this will be a productive and enriching learning experience for you.

The following ***Expectations & Guidelines*** are essential to your participation in the Health Care Career Explorers Program. Please read the Expectations & Guidelines below, then **print and sign your name (Student)** and have **your parent/guardian print and sign**.

Student's Adult T-Shirt Size: _____

Behavior

1. I understand I am in a professional healthcare setting and will conduct myself with dignity and respect.
2. I will respect the confidential nature of the healthcare setting and never discuss anything related to patient information.
3. I understand that I am to remain with my assigned group in designated areas for the duration of each meeting.
4. I will not separate myself from my assigned group or go on my own to any part of the hospital or Ambulatory Campus; I will go into predestinated/permitted areas only.
5. I will follow directions from adult Explorers staff at all times.
6. I will not use my cell phone for calls, pictures, or texting while at the Health Care Career Explorers Program. Photographs are strictly prohibited.
7. I understand the need to speak calmly and quietly, in an appropriate volume, to show respect to patients and staff.

Meeting Etiquette

1. I understand the importance of being on time for each meeting. Late arrivals are very disruptive and may cause a delay in activities. I understand that if I am late, I may miss an activity.
2. I will always dress appropriately and respectfully in my **Explorers T-Shirt** (provided), slacks, and closed toed shoes. If I am dressed inappropriately, I understand I may not be permitted to participate in the program that evening. Students may not wear sweats, or shorts. Jeans and leggings are permitted as long as they are tasteful (i.e. no jeans with holes).
3. I understand that I must *sign in* at the start of each meeting.
4. I will wear my name tag while attending each meeting. I will bring my name tag home with me after each meeting and bring it back to each meeting.
5. I understand that **I am required to attend at least 75%** of the meetings and if I do not I will not receive a Certificate of Completion at the end of the program.
6. I will pay attention to each speaker, ask questions, and show interest. I will not use my cell phone anytime throughout the meetings.

Your signature acknowledges your understanding of this document in accordance with membership of the Healthcare Career Explorers Program

Student Name (Print)

Date

Student Signature

Parent/Guardian (Print)

Date

Parent/Guardian Signature

PUBLICITY PARTICIPATION CONSENT, RELEASE & WAIVER

The undersigned has agreed to share information and photography regarding participation in the 2025-2026 session of CentraState's Healthcare Career Explorers Program running from October 21, 2025 – May 19, 2026, for release to media outlets and posts on CentraState's social media channels and any associated marketing, educational, promotional, commercial, and/or non-commercial activities (including any audio, visual, or other recordings thereof, the "Publicity").

I agree that I, now or in the future, shall not be entitled to any payment of money or additional consideration, as a result of the Publicity, and hereby waive such right, now and in the future. I acknowledge and agree that sufficient consideration exists to support this Consent, Release and Waiver because I shall be allowed to participate in and gain valuable experience from participating in the Publicity.

I hereby consent to the recording, use and reuse of my image, likeness, voice, and any indicia of my identity on video, audio, photographic, digital, electronic, and/or other media, whether now known or hereafter devised, in connection with the Publicity. I understand that such recording, use and reuse may include the reproduction, exhibition, editing, publishing and/or distribution of such Publicity and hereby waive the right to review, inspect and/or approve any finished Publicity. I further understand that the Publicity may be used in whole or in part in perpetuity within an unrestricted geographic area, including on the Internet, for any purpose that Atlantic Health System, Inc., or those acting pursuant to its authority, may deem appropriate. Such purposes may be, for example, educational, promotional, commercial, and non-commercial.

I acknowledge and agree that, as a further condition of my participation in the above Publicity, I hereby hold harmless, and forever waive and release, Atlantic Health System, Inc., the affiliates, subsidiaries, licensees, successors and assigns and the respective officers, agents, employees and contractors of the foregoing (the "Releasees"), from and against any and all actions, claims, demands, liabilities or expenses that I may have, now or hereafter, relating to any injury, accident, illness, death, and/or any loss or damage to personal property, tangible or intangible, occurring during, or resulting from my participation in the Publicity, including, but not limited to, claims arising out of any negligence of Releasees.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS PUBLICITY PARTICIPATION CONSENT, RELEASE AND WAIVER AND FULLY UNDERSTAND ITS TERMS. I AM AWARE THAT THIS DOCUMENT INCLUDES CONSENT TO BE RECORDED, A WAIVER AND A RELEASE OF LIABILITY. I AGREE TO THE TERMS AND CONDITIONS AS STATED HEREIN AND AGREE TO PARTICIPATE IN THE ABOVE DESCRIBED ACTIVITIES AND FURTHER REPRESENT AND WARRANT THAT I HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT.

Signature

Date

Name (printed)

If the individual listed above is under 18 years of age, please complete the following: I hereby grant permission for my child/ward named above to participate in the Publicity, subject to the terms and conditions stated above.

Parent/Guardian Signature

Date

Parent/Guardian Name (printed)



PRIVACY AND CONFIDENTIALITY STATEMENT

1. I am aware of the CentraState Healthcare System confidentiality policy and State and Federal laws governing the privacy and confidentiality of information. I understand that it is my responsibility to become familiar with the State, and/or Federal laws regarding confidentiality that is applicable to the scope of my responsibility within CentraState Healthcare System.
2. Further, I understand that any violation of my responsibilities by unauthorized disclosure of personal/confidential information will result in termination of my employment/volunteer relationship and may result in charges of and for Invasion of Privacy.
3. Furthermore, failure to close out patient or resident information screens, log off of the computer system before leaving the workstation and the sharing of individual computer passwords may result in termination of my employment/volunteer relationship.
4. I understand that under the Federal Health Insurance Portability and Accountability Act (HIPAA), any person who maliciously accesses, alters, deletes, damages or destroys any computer system, network computer program or data shall be guilty of a felony.
5. My signature acknowledges that I understand that my access to computer system constitutes my "signature" and I will be responsible for all entries made under my access.
6. I understand that all data and information on either computer or non-computer systems or media is the property of CentraState Healthcare System, and may be reviewed only by me on a "need to know" basis and then only that information is "minimally necessary" for me to perform my job at CentraState Healthcare System.
7. I am advised that failure to comply with these policies and regulations may result in corrective action up to and including termination. Violation of State of New Jersey or Federal Statutes may carry the additional consequence of prosecution under the law, where judicial action may result in specified fines or imprisonment or both; plus the costs of litigation or the payment of damages of both; or all.
8. My signature acknowledges that I understand this document is enforced for the duration of my employment/volunteer relationship with CentraState Healthcare System and my confidentiality obligations as described above survives this relationship with CentraState Healthcare System.
9. I understand that I have no expectation of privacy in connection with the use of E-mail, Voice Mail, or Internet and associated equipment or with the transmission, receipt, or storage of information in these systems. I acknowledge and consent to the System monitoring of my use of these systems and associated equipment at any time. Such monitoring may include listening to, printing, and reading all E-mails, Voice mail, and Internet communications entering, leaving, or stored in these systems in the ordinary course of business.

Signature of Volunteer

Print Name

Date

8/25/22