



# Nevada Cancer INSTITUTE

Research • Treatment • Education

## **The Jess Haldeman Internship Fund Undergraduate and Graduate Students Application**

# **The Jess Haldeman Internship Fund for Undergraduate and Graduate Students**

## **Introduction**

The Jess Haldeman Internship Fund was established by his wife, and friends to honor his memory.

Mr. Haldeman, S.E. received his undergraduate degree in Civil Engineering and a graduate degree in Structural Engineering from the University of Idaho. He was a principal and co-founder of Lochsa Engineering. Mr. Haldeman and Lochsa Engineering were involved in many construction projects on the Las Vegas Strip, including Mandalay Bay Hotel and Casino, and the structural engineering challenges of the Grand Canyon Skywalk.

Education was important to Jess. During his battle with cancer he had many outstanding healthcare providers and expressed a desire to contribute not only to the educational goals of individuals interested in this field but also to aid in the expanse of a competent and committed work force. It is the expressed wish of The Jess Haldeman Internship Fund to provide a challenging educational opportunity for undergraduate and/or graduate students from colleges and universities in health science fields.

The schedule for the intern will be arranged with their NVC I mentor and aligned with the collegiate calendar. The intern will be working in a clinical or research laboratory under the direction of an NVC I researcher.

The intern will be selected by an NVC I Committee. The intern will be assigned to a laboratory for a ten-week period, 25 hours per week and paid \$3,500.00.

## **Requirements:**

**Applicants must:**

- be enrolled in a degree-granting institution of higher education;
- be 18 years of age or older, pursuing a career in medicine, healthcare or research and
- be able to commit to a ten (10) week internship period (25 hours per week for a ten week period)

Interns will be required to write a final report, to be reviewed by the professional mentor and forwarded to Mr. Haldeman's wife at the conclusion of the internship experience.

## **Application Process**

**To apply:**

1. Complete the application
2. Provide a letter of recommendation from the dean, research/faculty advisor, and/or faculty member of the applicant's current school of enrollment.

## **Selection Process**

A Committee representing research, clinical and administrative areas of Nevada Cancer Institute will screen, review and make internship selections. An award letter will sent to the chosen applicant.

Applications/questions can be emailed to: [dterrano@nvcancer.org](mailto:dterrano@nvcancer.org)

Applications may also be faxed to 702-944-0446 or mailed to: Diane Terrano, CPCS  
Manager, Continuing Education Programs  
Nevada Cancer Institute-Internship Program  
One Breakthrough Way  
Las Vegas, NV 89135

# The Jess Haldeman Internship Fund Undergraduate and Graduate Students Application

## SECTION I: PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ (indicate home, cellular, pager)

Are you at least 18 years of age?  Yes  No (If no, date of birth \_\_\_\_\_)

Local Mailing Address - Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Permanent Address - Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

Country \_\_\_\_\_

University/College Affiliation \_\_\_\_\_

Undergraduate Major/Minor \_\_\_\_\_

Graduate area of study (if applicable) \_\_\_\_\_

When do you expect your degree to be conferred? (mo/yr) \_\_\_\_\_

If currently employed

Name of Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Current Position: \_\_\_\_\_

**How did you find out about The Jess Haldeman Internship Fund Program?**

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**Emergency Contact Information**

**Contact in Case of Emergency** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Emergency Contact Home/Cellular Telephone** \_\_\_\_\_

**Emergency Contact Work Telephone** \_\_\_\_\_

**SECTION II: LETTER OF RECOMMENDATION**

**A letter of recommendation from your dean, research/faculty advisor, or a faculty member at your current school of enrollment is required.**

**Faculty Member Name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Email** \_\_\_\_\_

**Office Telephone** \_\_\_\_\_ **Office Fax** \_\_\_\_\_

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Submission of this application to the Selection Committee does not guarantee acceptance in the Internship Program.

You will be requested to sign a consent form authorizing governmental agencies to provide NVC I with certain other information regarding your possible criminal history, as provided in Nevada Revised Statute 178A. This information will only be obtained and used in accordance with applicable state, federal and local laws.

NVC I is a drug free work place. If you are accepted into the Internship Program, you will be required to take a hair, blood and/or urine test to determine the presence of drug metabolites in your body. The initial tests will be given prior to starting in the Internship Program. You may also be required to take such tests at any time during your tenure. Failure to pass or refusal to submit to a background investigation or a drug test may result in the withdrawal of an appointment as a Student Intern or termination once service has started.

## STUDENT INTERN AGREEMENT

1. I will be punctual and conscientious in the fulfillment of my duties.
2. I will accept supervision graciously.
3. I will conduct myself with dignity, courtesy and thoughtfulness.
4. I will endeavor to make my work the highest quality.
5. I will abide by uniform and badge regulations.

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Student Intern Applicant's Signature

# Student Resume

(Please complete AND attach a resume if you have one)

**Objective:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education:

**College/University Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Study Courses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extracurricular Activities:** \_\_\_\_\_  
\_\_\_\_\_

## Volunteer Work:

**Facility Name:** \_\_\_\_\_ **Job Performed:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Job Performed:** \_\_\_\_\_

## Work History:

**Company Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Awards:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



***APPLICATION RELEASE AND AUTHORIZATION***

**READ CAREFULLY BEFORE SIGNING**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the Organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a Student Intern and may result in my immediate release from service even if discovered at a later date.

I authorize representatives of Nevada Cancer Institute to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf and all persons and entities requesting or supplying such information.

*I hereby acknowledge I have read and understand the information set forth above.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

<b><i>For NVCI use only:</i></b>	
Application Received: _____	
_____ Faculty Mentor - Signature	_____ Date
<b>Approved by:</b>	
_____ Selection Committee Member(s) -Signature	_____ Date

## STUDENT INTERN HEALTH QUESTIONNAIRE

In case of an emergency, please notify:

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Name	Relationship	
( )	( )	( )
Home Phone	Work Phone	Fax Number

Physician's Name: \_\_\_\_\_ ( )  
Phone Number

If a patient here, identify your  
Name of Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

1. Have you had any serious health problem that would keep you from participating?  
 Yes  No If yes, please describe:

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2. Date of last physical examination: \_\_\_\_\_ Results: \_\_\_\_\_

3. Immunizations:  
MMR (measles, mumps, rubella)...  Yes  No      Poliomyelitis .....  Yes  No  
Small Pox .....  Yes  No      Tetanus .....  Yes  No

4. Have you ever had **or** do you now have any of the following?  
 Chicken Pox.....  Yes  No      Skin infections, rash or boils...  Yes  No  
 Dizziness or fainting spells....  Yes  No      Shortness of breath.....  Yes  No  
 Pain in chest, palpitations.....  Yes  No      Convulsions .....  Yes  No  
 Backaches or back Surgery...  Yes  No      High blood pressure.....  Yes  No  
 Herpes zoster (shingles) .....  Yes  No      Tuberculosis.....  Yes  No  
 Diabetes.....  Yes  No      Date of last Screening: \_\_\_\_\_  
 Are you taking medication?.....  Yes  No

5. Are you taking any medications of which we should be aware?  Yes  No  
Medication: \_\_\_\_\_

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I hereby certify that the above is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to intern. If I have answered **yes** to any of the questions, I agree to provide NVCI with a letter of clearance from my physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



ChoicePoint® WorkPlace Solutions Sample Consent

**DISCLOSURE**

As part of the employment process, Nevada Cancer Institute (the "Company"), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

**AUTHORIZATION**

During the application process and at any time during the tenure of my employment with the Company, I hereby authorize ChoicePoint WorkPlace Solutions Inc., on behalf of The Company to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\* For Identification Purposes Only

\_\_\_\_\_  
Applicant/Employee Name and Signature      Date

\_\_\_\_\_  
Social Security Number \*      Date of Birth \*

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_