

EXPLORE

YOUR POTENTIAL



EXPLORE Career Immersion Program

EXPLORE is a free career immersion program for St. Louis high school students of color which connects students to industry leaders in the St. Louis region.

In this free Career Immersion program, you will:

- Learn about potential career paths
- Hear personal stories from professional mentors
- Develop essential career-building skills that will help you succeed
- Build relationships that can lead to future internships
- Understand why diversity and inclusion are important in the workplace

You will spend 1-3 half days at a host business where you might:

- Take a tour
- Engage in hands-on activities that bring the job to life
- Get tips about interviewing, resume writing, and networking skills
- Talk with other students and industry professionals about your interests
- Eat lunch with a professional mentor

EXPLORE offers Career Immersion Programs in:

- Accounting
- Baseball
- Bioscience
- Energy
- Financial Services
- Healthcare
- Law
- Patient Care

If you are interested in participating in EXPLORE, you must:

- Submit a completed application at least 2 weeks before the start of any program (programs occur Sept-May)
- Obtain a signature of support from a teacher (form provided)
- Obtain the consent of a parent or guardian (form provided)
- Coordinate transportation to and from the sessions (transportation can be provided in special circumstances)
- Attend all the half-day sessions for the EXPLORE program(s) you are applying to (1-3 sessions over the course of a school year)

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Student Application

Applications must be RECEIVED two weeks prior to the start of the first session for which you are applying.

Please return this application to b.mcdonald@dapinclusive.org or mail to:

Bridget McDonald 40 N. Rock Hill Rd, Webster Groves, MO 63119

Student Full Name:

Student Email:

Zip Code: Student Date of Birth:

Student Cell Phone:

Parent/Guardian Name: Email:

Parent/Guardian Cell: Home Phone:

I give DAP and the host business permission to contact me about program evaluation, future programs, and internship/career opportunities: Yes No

School Name:

Grade Level: 9th 10th 11th 12th

Race/Ethnicity:

Alaska Native African American Asian Bi/Multi-racial Latinx Middle Eastern

Native American Pacific Islander Other/Self-Identify:

Gender: Female Male Self-Identify

Please list any dietary needs for program planning:

If accepted, how will you get to the program?(Choose one)

Counselor/Teacher Parent/Guardian Need Assistance Self Other

Name of Driver:

Email: Cell Phone:

Please check up to four EXPLORE programs you are most interested in:

Fall/Winter:

EXPLORE Baseball

With the St. Louis Cardinals

This program might be a fit for students who enjoy engaging people, critical and analytical thinking, and persistence.

EXPLORE Patient Care

With SSM

This program might be a fit for students who enjoy working with people, medicine, laboratory research, or computers, equipment, and machines.

EXPLORE Energy

With Ameren

This program might be a fit for students who enjoy computers, equipment and machines, problem solving, serving the community, or physical labor.

Winter/Spring:

EXPLORE Bioscience

With Millipore Sigma, BioSTL, and Venture Cafe

This program might be a fit for students who enjoy laboratory research, innovation, chemistry, or entrepreneurship.

EXPLORE Financial Services

With Edward Jones

This program might be a fit for students who enjoy entrepreneurship and business, numbers, money, or working with people.

EXPLORE Healthcare

With Centene

This program might be a fit for students who enjoy helping people, critical thinking, working with people, or web design.

EXPLORE Accounting

With PwC

This program might be a fit for students who enjoy numbers, working with people, money, or critical thinking.

EXPLORE Law

With Husch Blackwell

This program might be a fit for students who enjoy negotiation, logic, critical thinking, or working with people.

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Signature of Teacher Support (required)

I am signing this form to show my support for _____ (student name), who is interested in participating in the EXPLORE Career Immersion Program. This student is enthusiastic about exploring their potential, is an engaged participant in a group setting, and will not be adversely affected by missing school.

Teacher Name (please print): _____ Email: _____

Teacher Signature: _____

Student Name: _____

School Name: _____

Student Publication Waiver (required)

By signing this form below, _____ (student name), is granted permission to participate in the EXPLORE Career Immersion Program. I acknowledge that I understand the program expectations and deadlines of the EXPLORE Career Immersion Program.

Application Deadline: No later than two weeks before your session begins

It is agreed and understood that the above-named student may be photographed, recorded and videotaped by Diversity Awareness Partnership ("DAP") and its program partners and their respective employees and agents (DAP and EXPLORE Career Immersion Program partners are identified collectively as "Sponsor") in connection with the student's participation in any EXPLORE program.

By signing below, I hereby irrevocably authorize Sponsor and its affiliates to copyright, publish, reproduce, exhibit, transmit, broadcast, televise, digitize, display, otherwise use, and permit others to use the student's name, image, likeness, and voice, and all photographs, recordings, videotapes, audiovisual materials, writings, statements, and quotations of the above-named student (collectively, the "Materials"), in any manner, form, or format created, including on the Internet, and for any purpose, including, but not limited to, advertising or promotion of Sponsor, its affiliates, or their services, without further consent from or payment to the undersigned.

It is understood that all of the Materials, and digital copies of the Materials, are the sole property of Sponsor. By signing below, I agree not to contest the rights or authority granted to Sponsor hereunder, and forever release and discharge Sponsor, their employees, licensees, agents, successors, and assigns from any claims or causes of action arising by reason of defamation, invasion of privacy, right of publicity, copyright infringement, or any other personal or property rights from or related to any use of the Materials. I further understand that Sponsor is under no obligation to use the Materials.

Student Name: _____

Student Signature: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Submit application via email to b.mcdonald@dapinclusive.org or mail to:
Bridget McDonald, 40 N. Rock Hill Rd, Webster Groves, MO 63119

Application must be RECEIVED two weeks prior to the first session