

**NJ HOSA
Alumni Contact Information**

Name:			Date:		
Address:			Phone:		
City:		E-mail:			
State:	ZIP:	Year Graduated from High School:			
College/University Attended:		NJ HOSA Chapter:			
Year Graduated:		Current Career:			
Degree Earned:		Current Employer:			
College/University Attended:		Previous Career(s):			
Year Graduated:		Previous Career(s):			
Degree Earned:		Licensure(s):			
I/My employer is willing to offer:		Job Shadowing	Internship	Other	
I/My employer is willing to sponsor:		Scholarship	Luncheon	Competitive Event	
I/My employer is willing to advertise in the SLC program:		Yes		No	
I/My employer is willing to become a partner:		Yes		No	
I am willing to speak at a:		Conference		Chapter	
I am willing to judge at:		NRLC	SRLC	SLC	ALL
I am qualified/comfortable to judge in this event(s): <i>click here to read descriptions of events</i>					
Please share how NJ HOSA benefitted you:					
How NJ HOSA can improve the experience it offers current members:					

