The Youth Empowerment Program Wants You!

Are you interested in a career in healthcare? Join us for a fun filled after school program geared to prepare you for a future in health care. The program is open to all high school students aged 15-18 and is an opportunity to learn about:

- Multidisciplinary careers in health care
- Medical terminology
- Human anatomy
- Obtain CPR & First Aid Certification
- Professionalism and leadership skills!

This is a free program, offered by UNM Hospital, runs throughout the school year on the first and third Tuesday of the month.

If you have a GPA of 2.5 or better, are able to complete 36 volunteer hours, and are interested in attending you will need to fill out an application, return the parental consents and submit both an essay and one letter of recommendation.

0.5 APS high school credit is possible.

Application Deadline July 17, 2017

Notification of Acceptance August 1, 2017

Please e-mail completed application in PDF or Word format to: YEP@salud.unm.edu or mail to

BATCAVE
2211 Lomas Blvd. NE
Albuquerque, NM 87106

For questions please contact Lisa Trujillo at yep@salud.unm.edu or (505)272-3362
In the YEP program you will learn human anatomy along with basic health related skills such as how to perform a physical assessment on a person, how to check their vital signs, medical terminology, and human anatomy. In addition to classroom time you will be asked to complete homework assignments between classes meant to prepare you for the next class. Students will also become certified in both CPR and First Aid.

All students are expected to complete 36 hours of volunteer work at a community location of your choice and complete a presentation on their experience to their peers. In the fall there will be opportunities to participate, along with UNMH professionals and UNM medical, nursing, paramedic, and pharmacy students, in the drive flu shot clinics that UNMH provides to the community.

All students participating in the YEP program will also meet with a mentor who will coach the student, share educational and career experiences, nurture growth, and guide the student through difficult situations and obstacles.

Students who complete the YEP program will be eligible to participate in the Health Occupation Students of America (HOSA) program for their remaining years in high school and into college. HOSA is a national program for students interested in healthcare and is designed to develop leadership skills, responsible citizenship, build self-confidence, and promote physical, mental, and social well-being all while helping the student make realistic career choices in the healthcare field.

For questions please contact Lisa Trujillo at yep@salud.unm.edu or (505)272-3362.
General Information

First Name ___________________________ Last Name ___________________________

Address _______________________________________________________________________

City ____________________________ State _______ Zip Code_________________________

Home Phone ______________________ Cell phone______________________________

Email _________________________________________________________________________

*Please write legibly, this is how we will notify you of acceptance

Grade level___________________ GPA: ____ Date of Birth: ___________ Age: ______

Current school: ___________________________ Student ID _________________________

Emergency Contact Information

Name________________________ Phone ________________ Relationship_________

Do you have any physical or other limitations that YEP should be made aware of?

________________________ If yes, please explain____________________________________

Do you have any medical condition that YEP should be made aware of?

________________________ If yes, please explain ______________________________________

Essay Information

As part of the application process you will be asked to complete an essay. The following information should be included in your essay. Each essay will be reviewed by our admission committee. Please limit your response to 2 pages, please do not put your name on your essay. Attach your essay to this application.

- Describe yourself, your accomplishments, your involvement in your community, and why you want to attend this Health Careers program.
- Describe an instance where you have faced a challenge and what you did to overcome it.
- What does healthcare mean to you.

***Please include one letter of recommendation from a teacher or community member with your application.

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Teen Participation Consent & Waiver of Liability

I understand that:

I must be at least 15 years of age prior to participating in the program, I must abide by and follow all rules and regulations of UNM, UNMH, the BATCAVE and the Youth Empowerment Project, I must sign in each day of participation, I am making a commitment to the YEP program for the entire school year, failure to complete the final project will result in a loss of certificate of participation.

The undersigned hereby acknowledge and agree to assume responsibility for all the risks of the activity/activities at the Youth Empowerment Project, Health Careers event, EVEN THOSE RISKS ARISING OUT OF NEGLIGENCE OF UNM, UNMH, the BATCAVE and the Youth Empowerment Project. The Participant’s participation in any activity/activities at the Youth Empowerment Project event is purely voluntary. I assume full responsibility for myself and my minor child for whom I am responsible, for any bodily injury that may be suffered by the Participant at the Youth Empowerment Project event, EVEN THOSE RISKS ARISING OUT OF NEGLIGENCE OF THE UNIVERSITY.

I do hereby agree to release, discharge and hold harmless the University, the hospital, YEP, its Regents, officers, and employees all causes, liabilities, damages, claims or demands whatsoever, on account of any injury or accident involving the Participant participating in the Youth Empowerment Project event. The liability of UNM, UNMH, the BATCAVE and the Youth Empowerment Project will be subject in all cases to the immunities and limitations of the New Mexico Tort Claims Act, Sections 41-4-1 et seq., NMSA 1978, as amended.

I HAVE READ THIS TEEN PARTICIPATION CONSENT AND WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of Applicant ___________________________________________Date __________
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Applicant ______________________________________________________

Signature of Parent or Guardian____________________________________Date___________
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Parent or Guardian ____________________________________________

For questions please contact Lisa Trujillo at yep@salud.unm.edu or (505)272-3362
Hello Parent or Guardians:

Your child will be participating in a comprehensive health education program provided and facilitated by the University of New Mexico Hospitals Youth Empowerment Project. We will learn a variety of health related skills and cover many health topics. We will be discussing several health issues. Some of these issues will include but will not be limited to:

- Anatomy and Physiology
- Medical Terminology
- Presentations may include graphic medical images
- The Reproductive System
- Teen Pregnancy
- Sexually Transmitted Diseases including HIV/AIDS and contraceptives
- Healthy Relationships and Communication Skills
- Nutrition, obesity, diabetes, heart health and chronic medical conditions
- Substance abuse (including smoking, drugs and alcohol)
- CPR certification
- Vital Signs and Physical Assessment

An outline of the curriculum will be available upon request. If you have any questions about the programming, please call Lisa Trujillo at (505)272-3362. We understand that these are sensitive issues and some of you may prefer not to have your child participate.

Yes, I grant permission to participate
No I do not grant permission to participate

Applicant Signature________________________________ Date ______________
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Parent or Guardian Signature________________________________ Date ______________
(Signature must be hand written. Applications with typed signatures will not be accepted.)

For questions please contact Lisa Trujillo at yep@salud.unm.edu or (505)272-3362
Consent for Photography/ Videotaping/ Filming/ Imaging

Participant’s Name (Please print) ___________________________ Date of Consent ___________________________

Participant’s Street Address City State Zip Code _______________________________________________________

Participant’s Telephone Number ___________________________ Participant’s DOB _______ Age _______

I hereby consent to being photographed, videotaped, filmed, or otherwise imaged while participating in the UNMH Youth Empowerment Project. I understand and agree that these photographs, videotapes, films, or images may be used as indicated below:
Educational activities involving Youth Empowerment Project staff and/ or employees
Educational activities outside of the YEP program involving others besides Youth Empowerment Project and/ or employees
Research Activities
Legal Purposes
Public media, including news media, television, advertisements, public relations, online media
I understand that this consent may be revoked in writing at any time, except to the extent that action has already been taken in reliance upon this consent. Unless revoked or specified to expire as follows, this consent will not expire.
The University of New Mexico, University of New Mexico Hospital, YEP and its employees, officers, staff, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

Signature of Applicant ___________________________________________ Date __________
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Applicant ______________________________________________________________________

Signature of Parent or Guardian___________________________________ Date--___________
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Printed Name of Parent or Guardian _______________________________________________

For questions please contact Lisa Trujillo at yep@salud.unm.edu or (505)272-3362