The Youth Empowerment Program Wants You!

Surgical Teen Summer Intensive

If you are interested in a career in surgery, then this is the program for you! Join us for a 3-day intensive program all about surgery on July 25, 26, and 27, 2017.

Application deadline May 19, 2017

Applicants will be notified of admission by email May 29, 2017.

All classes will be held in the UNMH BATCAVE.

For questions please call Lisa Trujillo at 272-3362 or email YEP@salud.unm.edu

Please e-mail completed application in a PDF or Word format to:

YEP@salud.unm.edu
• **Students will learn about the different career areas within the surgical field**

• **Students will receive demonstrations on general surgical skills**
  (suturing, knot tying, sterile procedure etc.)

• **Surgical professionals will offer demonstrations on a surgical career path and steps students can take to achieve their goals**

• **Students will be exposed to various healthcare careers within the surgical specialty (RNs, MDs, radiology etc.)**.
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: ____________________________________________________________

Emergency Information

Name________________________ Phone  ________________ Relationship_________
Do you have any physical or other limitations that the YEP should be made aware of?
____________________ If yes, please explain__________________________________
Do you have any medical condition that the 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. Attach your essay to this application.

• Describe yourself, your accomplishments, your involvement in your community.
• Where do you see yourself in 5 years, what will you be doing, where will you be and how do you plan to get there.
• What challenges or roadblocks do you foresee along your path to where you want to be in 5 years? How do you plan to overcome these challenges/roadblocks?

Remember to include a letter of recommendation from a teacher or community member.

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

The undersigned hereby acknowledge and agree to assume responsibility for all the risks of the activity/activities at the Youth Empowerment Project, Summer Intensive program, 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, 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 Diversity 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 ___________________________________________

Phone to contact Parent or Guardian ___________________________ Date: ____________

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

This summer 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 be discussing several health issues. Some of these issues will include but will not be limited to:

- Anatomy and Physiology
- Pediatrics
- Reproductive Health and Anatomy
- Labor & delivery
- Teen Pregnancy
- Sexually Transmitted Diseases including HIV/AIDS and the intrauterine effects
- Contraceptives
- Healthy Relationships and Communication Skills
- Nutrition, obesity, diabetes, heart health and chronic health and medical conditions
- Substance abuse (including smoking, drugs and alcohol)
- Other health prevention, promotion topics as they arise

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

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.)

Please e-mail completed application to: YEP@salud.unm.edu
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 Youth Empowerment Project. I understand and agree that these photographs, videotapes, films, or images may be used as indicated below:

Educational activities involving YEP staff and/ or employees
Educational activities outside of YEP program involving others besides YEP staff and/ or employees
Research Activities
Legal Purposes
Public media, including news media, television, advertisements, public relations, online media or other_______

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 Hospital, YEP, 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 ___________________________________________