



*Are you interested in a career in healthcare?*



## *The University of New Mexico Hospitals Youth Empowerment Program Wants You!*

*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:*

- *Human Anatomy*
- *Medical Terminology*
- *Medical Ethics*
- *Emergency Preparedness*
- *Public Health*
- *Careers in Healthcare*

*Plus all students will obtain certification in CPR and First Aid!*

*This is a free program, offered by UNM Hospital, runs throughout the school year on the first and third Thursday of the month 4-6 pm.*

- ❖ *0-5 APS high school possible.*
- ❖ *All classes will be held in the University of New Mexico Hospital BATCAVE.*
- ❖ *Program dates: September 5, 2019- May 7, 2020.*

*Application Deadline: 8 AM August 21, 2019. Applicants will be notified of acceptance by email the afternoon of August 23, 2019. Please email completed application in a PDF or Word format to: [yep@salud.unm.edu](mailto:yep@salud.unm.edu).*

*For questions please contact Lisa Trujillo at [yep@salud.unm.edu](mailto: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: \_\_\_\_\_

## 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 \_\_\_\_\_

*For questions please call 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*

*\*\*Applications sent using any online program will not be accepted.*

*Applications may also be mailed to: University of New Mexico Hospital, BATCAVE B-49, 2211 Lomas Blvd NE, Albuquerque, New Mexico 87106*

## Essay Information

As part of the application process you will be asked to complete an essay. Each essay will be reviewed by our admission committee. The following information should be included in your essay. Please limit your response to 2 pages. Attach your essay to this application.

- Describe yourself. Specifically, other than educational and extracurricular school activities what is important to you and makes you who you are?
- What are your educational and professional goals and what challenges do you anticipate in achieving your goals?
- Describe your volunteer community involvement including why you work with that population. If you do not currently volunteer please describe the type of volunteer work you would like to do and why. (This does not need to be healthcare related)
- Describe a personal challenging life situation and what you did to overcome it.
- What is your favorite area of healthcare and why?
- What do you hope to gain from attending the Health Careers program?

## Personal References

Please provide two personal/professional references who are not related to you.

Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Name: \_\_\_\_\_

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

## 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 Program and 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 Program, Summer Intensive program, EVEN THOSE RISKS ARISING OUT OF NEGLIGENCE OF UNM, UNMH, the BATCAVE and the Youth Empowerment Program. The Participant's participation in any activity/activities at the Youth Empowerment Program 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 Program 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 Program event. The liability of UNM, UNMH, the BATCAVE and the Youth Empowerment Program 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.

Printed Name of Applicant \_\_\_\_\_

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

Printed Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature must be hand written. Applications with typed signatures will not be accepted.)

Phone to contact Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for Photography/ Videotaping/ Filming/ Imaging

\_\_\_\_\_  
*Participant's Name (Please print)*

\_\_\_\_\_  
*Date of Consent*

\_\_\_\_\_  
*Street Address, City, State, Zip Code*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Participant's DOB*

\_\_\_\_\_  
*Age*

I hereby consent to being photographed, videotaped, filmed, or otherwise imaged while participating in the UNMH Diversity Youth Empowerment Project: Health Careers. 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 Diversity program involving others besides Youth

Empowerment Project and/ or employees

Research Activities

Legal Purposes

Public media, including news media, television, advertisements, public relations, 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, 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 \_\_\_\_\_

Phone to contact Parent or guardian \_\_\_\_\_