



Are you interested 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
- Anatomy
- Emergency Preparedness
- Public Health
- Obtain CPR & First Aid Certification
- Professionalism and

This is a free program, offered by UNM Hospital, runs throughout the school year on the first and third Tuesday of the month. 0.5 APS high school possible.

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.

Application Deadline: Midnight, June 25, 2018. Applicants will be notified of acceptance by email on June 29, 2018. Please e-mail completed application in a PDF or Word format to: yep@salud.unm.edu.

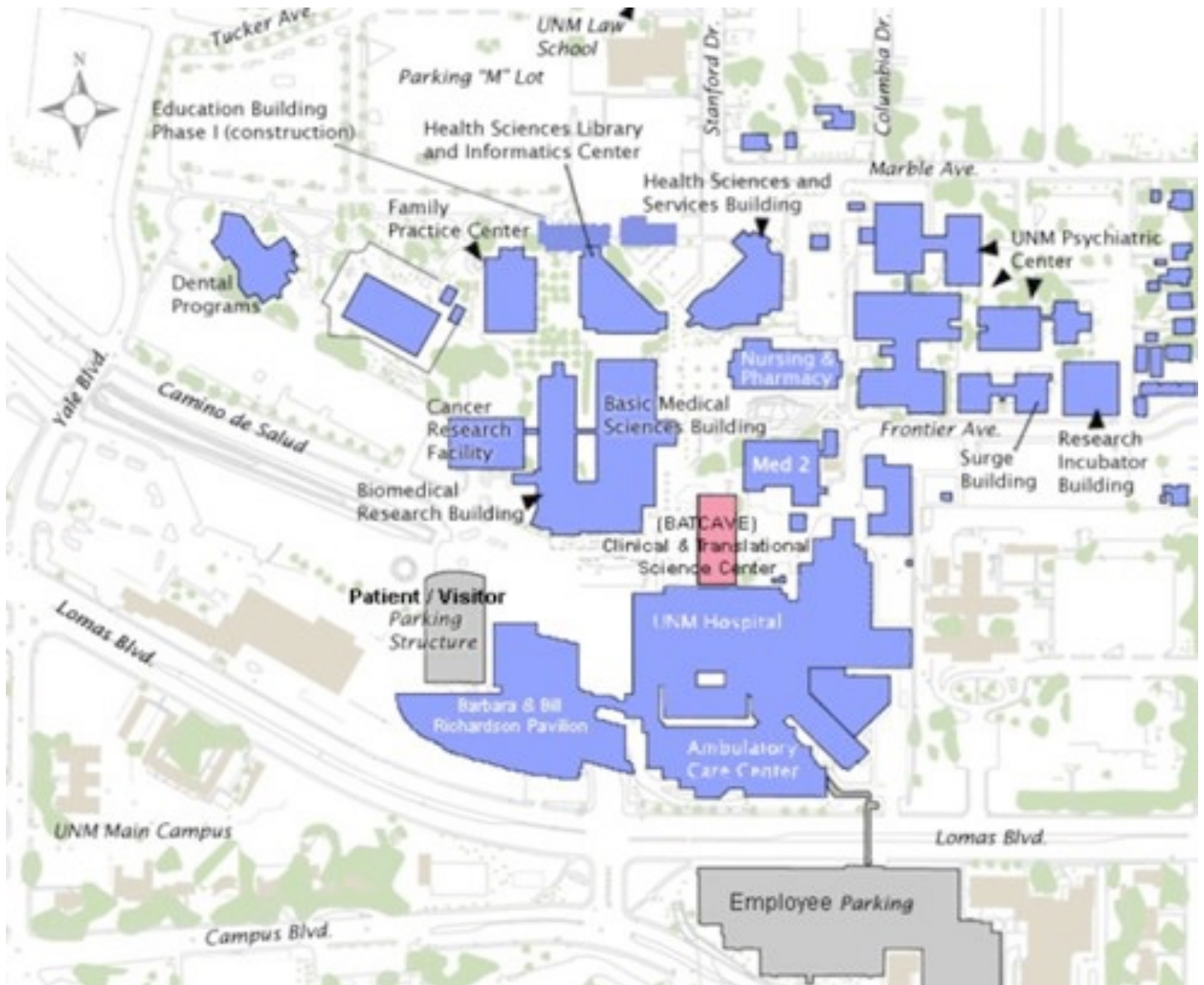
For questions please contact Lisa Trujillo at yep@salud.unm.edu or (505)272-3362



All classes will be held in the University of New Mexico Hospital BATCAVE.

Program dates: August 23, 2018- May 9, 2019.

Class time 4-5:30 PM.





Youth Empowerment Program



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: _____ Shirt Size _____

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 _____

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
***Applications sent using programs such as google docs will not be accepted.*
Applications may also be mailed to: BATCAVE, B-32, University of New Mexico Hospital, 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.
- What are your educational and professional goals?
- Describe your community involvement including why you work with that population.
- Why do 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?
- What is your favorite area of healthcare and why?
- What do you hope to gain from attending the Health Careers program?

Don't forget to include one letter of recommendation from a teacher or community member with your application.

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Youth Empowerment Program



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, 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 UN-**DER**STAND 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: _____



Youth Empowerment Program



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.)



Youth Empowerment Program



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 _____