

## The UNMH Teen Surgical Summer Intensive Program Wants You!

If you are interested in exploring a career in surgery then this is the program for you! Join us on August 1, 2, and 3 of 2018 for a 3 day program all about surgery.

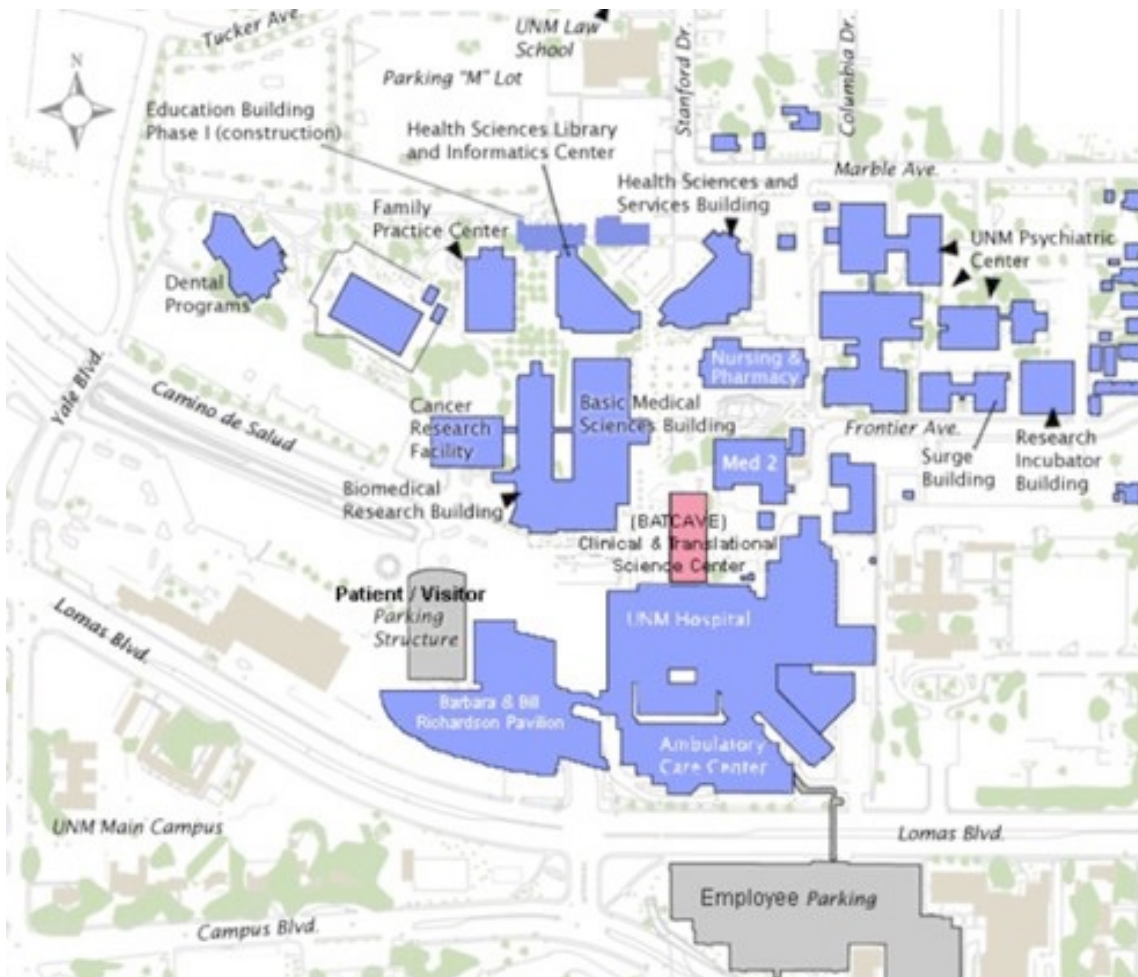
**APPLICATION DEADLINE:**  
Midnight, June 18, 2018.  
Applicants will be notified of acceptance status by email on June 22, 2018.



For questions please call Lisa Trujillo at 272-3362 or email [YEP@salud.unm.edu](mailto:YEP@salud.unm.edu)  
Please e-mail completed application in a PDF or Word format to: [YEP@salud.unm.edu](mailto: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.).
- All classes



## Surgical Teen Summer Intensive



# Youth Empowerment Program



## General Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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 \_\_\_\_\_

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*\*\*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*



# Surgical Teen Summer Intensive

## 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.
-  What are your educational and professional goals?
-  Describe your community involvement including why you work with that population.
-  What life experience influenced your interest in surgical medicine?
-  What do you hope to gain from attending the Surgical Intensive?

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

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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 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: \_\_\_\_\_



# 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 \_\_\_\_\_