

YEP



*Youth Empowerment Project:
Health Careers*

Journey Towards A Career In Health Care

UNMH Diversity Youth Empowerment Project Wants You!

Are you interested in health care careers? Join us for a fun filled year long program geared to prepare you for a future in health care. The program is open to high school students!

- *Learn about anatomy, medical terminology, health careers*
- *Learn valuable health care related skills*
- *Peer education and mentorship*

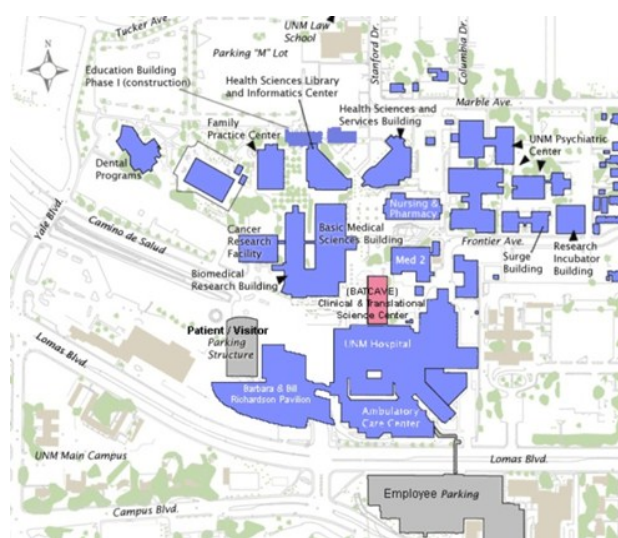
Free program offered Tuesday evenings throughout the school year from 4-6pm

Students who complete program requirements will be eligible for 1/2 service learning credit through Albuquerque Public Schools!

*All classes will be held in the BATCAVE at UNMH or the College of Nursing. If you are interested in attending you will need to fill out an application, return the parental consents and submit an essay. Application Deadline **May 3rd, 2014***

Applicants will be notified of admission 6/9/14

Please mail completed application to : UNMH Nurse Residency Program
ATTN: YEP 2211 Lomas Blvd NE Albuquerque, NM 87106



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We are very excited to offer this opportunity to you! The YEP program is designed to be a 3 year after school program which meets 18 times over the course of the school year (approximately every other week) students will also be expected to complete 36 hours of volunteer hours during the school year at a location of their choosing. You do not have to commit to all three years at this point in time.

Level 1

In this first year you will learn basic health related skills such as how to perform a physical assessment on a person, how to check their vital signs and we will also work to build a foundation for the second year content by teaching you about 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.

Level 2

In this second year you will build upon the foundation from Level 1. We will learn to assess specialized body systems and learn of common diseases found in the community. You will work to build a community education project based on these diseases.

Level 3

This year is a continuation of Level 2 where we will introduce the remaining major systems and you will learn how to combine all of the assessment skills provided over the 3 years to perform detailed assessments based on the patient condition. And we will focus on learning about different specialties in the medical professions.

** Each level will have a final project that will be worked on throughout the year. Students will also be given an advantage for admission into our highly sought after summer intensives.*

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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 the Nursing Diversity Pipeline should be made aware of? _____ If yes, please explain _____

Do you have any medical condition that the Nursing Diversity Pipeline 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, 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 remember this is your chance to tell us who you are and why you want to take part in this program.

Please mail completed application to : UNMH Nurse Residency Program ATTN: YEP 2211 Lomas Blvd NE Albuquerque, NM 87106

Or fax to 505-272-1998 or e-mail: YEP@salud.unm.edu

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Youth Empowerment Project: Health Careers Teen Participation Consent & Waiver of Liability

I understand that:

I must be at least 14 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 Diversity 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 Diversity Program event, EVEN THOSE RISKS ARISING OUT OF NEGLIGENCE OF UNM, UNMH, the BATCAVE and the Diversity Youth Empowerment Project. The Participant's participation in any activity/activities at the Diversity 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 Diversity 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 Diversity 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 _____

Printed Name of Applicant _____

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

Phone to contact Parent or Guardian _____ Date _____

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Youth Empowerment Project: Health Careers



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 Diversity 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
- The Reproductive System
- Teen Pregnancy
- Sexually Transmitted Diseases including HIV/AIDS
- 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 program Director at (505) 272-9878. 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

Parent or Guardian Signature

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Youth Empowerment Project: Health Careers

Consent for Photography/ Videotaping/ Filming/ Imaging

_____		_____	
<i>Participant's Name (Please print)</i>		<i>Date of Consent</i>	
_____		_____	
<i>Participant's Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
_____		_____	
<i>Participant's Telephone Number</i>	<i>Participant's DOB</i>	<i>Age</i>	

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.

_____	_____	_____
<i>Signature of Participant</i>	<i>Participant's Name (Please print)</i>	<i>Date</i>
_____	_____	_____
<i>Signature of Parent or Guardian</i>	<i>Printed Name of Parent or Guardian</i>	<i>Date</i>