

**YEP**

*Youth Empowerment Project:  
Trauma Intensive*

## *Learn More About A Specialty in Trauma*

*UNMH Diversity Youth Empowerment Project  
Wants You!*



*Join us for a three day intensive program all about trauma! If you are interested trauma then this is the program for you! This program is open to high school sophomores, juniors and seniors!*

*(Program July 23rd–25th, 8-3pm)*

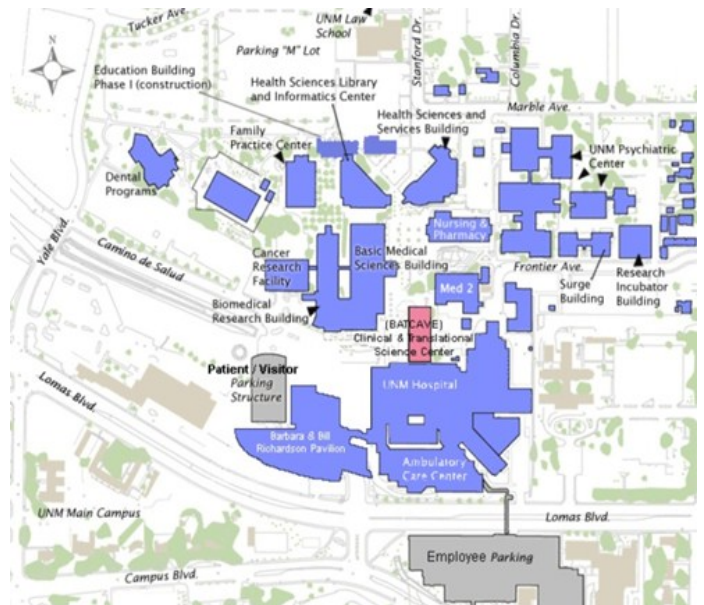
*All classes will be held in the BATCAVE at UNMH. If you are interested in attending you will need to fill out an application, return the parental consents and submit an essay.*

*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

Or fax to 505-272-1998 or e-mail: [YEP@salud.unm.edu](mailto:YEP@salud.unm.edu)



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*Youth Empowerment Project: Trauma Intensive  
Program Objectives*

- *Students will verbalize the basic care progression of a trauma patient from injury to discharge*
- *Students will participate in emergency/trauma simulations*
- *Students will receive demonstrations on basic trauma related skills (casting, splinting, application of bandages etc.)*
- *Students will receive demonstrations from professionals specializing in the care of trauma patients.*
- *Students will be exposed to various healthcare careers within the trauma specialty (RNs, MDs, radiology etc.).*

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*Youth Empowerment Project: Trauma Intensive*

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
- 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?
- ***Please remember this is your chance to tell us who you are and why you want to take part in this program.***

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*Youth Empowerment Project: Trauma Intensive*  
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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Hello Parents and 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
- Nutrition, obesity, diabetes, heart health and chronic medical conditions
- Substance abuse (including smoking, drugs and alcohol)
- Vital Signs and Physical Assessment
- Trauma
- Photos/images of Trauma

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

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Student Signature

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Parent or Guardian Signature

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## Youth Empowerment Project: Trauma Intensive

### 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>Participant's Telephone Number</i>	<i>Participant's DOB</i>
<i>State</i>	<i>Age</i>
<i>Zip Code</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>Print Parent or Guardians Name</i>	<i>Date</i>