

# YEP



*Youth Empowerment Project:  
Women's Health Intensive*

## *Journey Towards A Career in Women's Health*

*UNMH Diversity Youth Empowerment Project Wants You!*

*Join us for a three day intensive program all about women's health! If you are interested in a career in women's health (prenatal, labor & Delivery etc.) then this is the program for you! This program is open to high school students!*

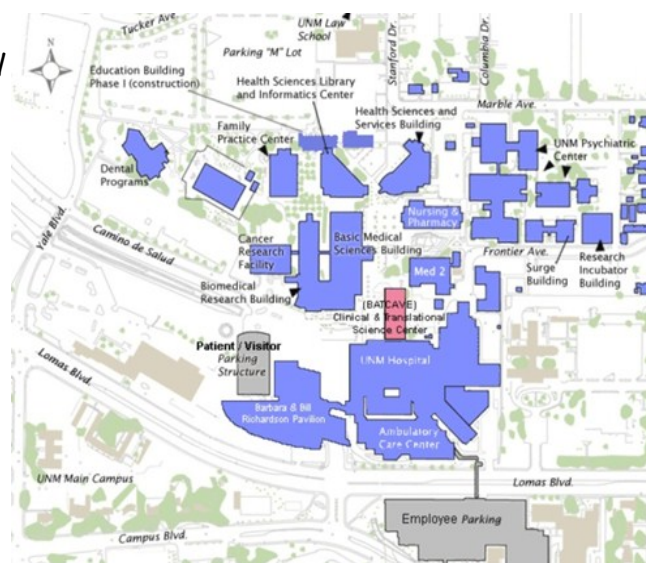
*(Program dates are June 30th—July 1 & 2nd, 8-3pm)*

*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)



# YEP

Youth Empowerment Project: Women's Health

## Program Objectives

- *Students will learn about the continuum of care of women from pre-conception to post partum care*
- *Students will demonstrate basic prenatal exam skills*
- *Students will be able to verbalize the stages of labor*
- *Students will participate in labor & delivery simulations*
- *Students will demonstrate knowledge of post partum care and potential post partum complications*
- *Students will be exposed to multiple health care professionals involved in women's health*



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 Information

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have any physical or other limitations that the Nursing Diversity Program should be made aware of? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Do you have any medical condition that the Nursing Diversity Program 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.

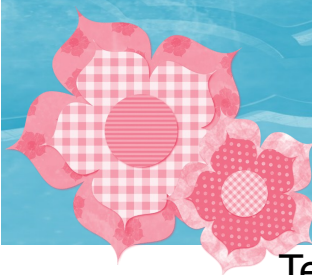
- Describe yourself, your accomplishments, your involvement in your community
- Where do you see yourself in 5 years, what will you be doing, where will you be and how do you plan to get there.
- What challenges or roadblocks do you foresee along your path to where you want to be in 5 years? How do you 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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# Diversity Program

# YEP



## Youth Empowerment Project: Women's Health 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: \_\_\_\_\_





Hello Parents and Guardians:

This summer 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 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

An outline of the curriculum will be available upon request. If you have any questions about the programming, please call the 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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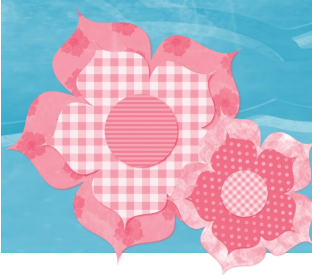
Student Signature

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Parent or Guardian Signature

# Diversity Program

# YEP



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## Consent for Photography/ Videotaping/ Filming/ Imaging

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

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

\_\_\_\_\_  
Participant's Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Participant's 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: Pediatric Intensive. I understand and agree that these photographs, videotapes, films, or images may be used as indicated below:

- Educational activities involving Nursing Diversity Pipeline staff and/ or employees
- Educational activities outside of Diversity program involving others besides Diversity Pipeline staff 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 Participant

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

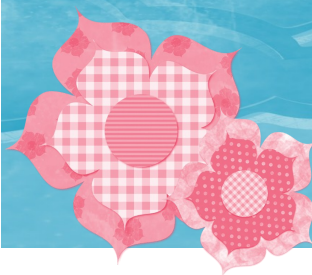
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Parent or Guardian's Name

\_\_\_\_\_  
Date

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## Ready-or-Not Tot<sup>®</sup>

### Parental Consent Form

Dear Parent(s):

In order to provide students with a realistic idea of the demands of parenting, your child will be participating in a parenting simulation project as part of our Diversity Program Pediatric Intensive. This project involves caring for our lifelike, electronic parenting manikin for 3 days. The manikin cries, coos, burps, and needs its diaper changed periodically throughout the day and night. Your child will be responsible for providing proper care as if this were a real baby. The manikin should be with them at all times, except in emergency situations, when a reliable babysitter can be utilized.

In order for this to be a positive learning experience for your child, we ask your support in helping to monitor student participation while they are at home. Your insistence that they alone care for their manikin will help to impress upon them the tremendous demands that a baby places on a parent's time, energy, and social life. Removal of the battery pack from the manikin will result in failure to complete the program for your student.

We are fortunate to have been able to purchase these interactive parenting manikins. With proper care, they should last many years. Your child will be responsible for any damage that occurs as a result of abusive handling or for the loss of the manikin. The babies are valued at \$380 each.

Thank you for your support during this valuable parenting simulation project. Feel free to call Nicole Edwards at 272-9878 if you have any questions or concerns.

### Ready-or-Not Tot<sup>®</sup> Permission Slip

I give my child, \_\_\_\_\_, permission to participate in the interactive parenting simulation using the Ready-or-Not Tot<sup>®</sup>. I understand that I am financially responsible for any damage due to abusive handling or for the loss of the manikin provided to my child up to the purchase amount of \$380.

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Printed Name

\_\_\_\_\_

Date