



APPLICATION FOR SUMMER MEDICAL CAMP 2016
COMPLETED APPLICATIONS ARE DUE ON OR BEFORE MAY 27TH

Please be aware that camp durations and times vary and that some camps require additional information. Program costs are \$50 each week.

See Camp Overview sheet for details.

**** An Essay is required in addition to an application.***

___ Migrant and Seasonal Farm Worker Health Care Project – Please indicate preferred month or week (1 week sessions run Mid June – Early August): _____

NOTE: UPON ACCEPTANCE, PAYMENT FOR ALL CAMPS IS REQUIRED BY JUNE 10th. SPOTS WILL NOT BE HELD AFTER THIS DATE.

Name: _____
 Last First MI

Address: _____
 Number/ Apartment # Street City Zip Code

Phone #(s): Home _____ Cell _____ Work _____

Email: _____

Date of Birth: ____/____/____ Place of Birth/Hometown: _____

High School: _____ Expected Date of Graduation: _____

Grade you will enter next year: _____ (Please note: you must have already completed 9th grade to be accepted into the program)

If a Senior, what college will you attend in the fall? (list only if accepted) _____

Anticipated Major: _____ Are you interested in Primary Care? Yes No

If no, which health occupation/s or areas are you interested in? _____

Gender: Male Female **Ethnicity [please check one]** Hispanic Non-Hispanic

Race [Please Check all that Apply]

- White
- Black or African American
- Asian 1 (Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)
- Asian 2 (All others not under Asian 1)
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander
- Other _____

Do any of your family members work in the health care field: Yes No

If yes, which family member and what career: _____

What first made you interested in a health career? _____

Have you been part of a Central AHEC Health Careers program in the past?
If so, please select all that apply:

- Emergency Preparedness Boot Camp
- Migrant and Seasonal Farm Worker Health Care Project
- Forensic Science Camp
- Public Health Ambassadors Camp
- St. Francis Hospital Camp
- Youth Health Service Corps
- Exploring Health Careers Presentation
- Other: _____

How did you hear about our program? _____

Please list any extracurricular or community activities, leadership roles and/or hobbies:

Employment Experience: (full/ part-time)

Employer's Name	Job Title	Job Duties	Length of Time Employed

Do you have your own transportation? Yes ___ No ___

Primary Parent/Guardian Contact Information

Parent(s)/Guardian(s) Name: _____

Address: _____
 Number/ Apartment # Street City Zip Code

Telephone Number(s): _____
(Home) (Work) (Cell)

Including yourself, how many people live in your household: 1-3 ___ 4-7 ___ 7-10 ___ 10+ ___

What is your parent(s)/ guardian(s) occupation(s): _____

What is the approximate annual income for your whole household?

- Less than \$20,000/yr \$20,000-\$35,000/yr \$35,000-\$50,000/yr \$50,000+ /yr Unknown

**Parent(s) Permission for Participation in
Central Area Health Education Center (AHEC) Inc.**

I give my permission for _____ to participate in the Summer Medical Camp Program. I understand participation includes attendance to all sessions of the required activities outlined in program description, and I further understand that there may also be participation in field trips and other activities away from the site. My child has permission to attend these functions and to be transported by approved modes of transportation unless I give written withdrawal of permission for a specific event. The Central AHEC, Inc. is given permission to reproduce for publications/ website any photos and or videos taken of my child at program activities and or functions.

As the Parent/Guardian, I understand that:

1. Payment for camps sessions is due on or before June 10th. If payment is not received, my student's spot will be opened back up to other available participants.
2. I will not be issued a refund for program fees if my student is expelled for any of the below reasons.
3. Central Area Health Education Center's goal is only to provide a learning experience so that my student and I can make informed decisions. All information received through the program is taken from multiple authoritative sources and the agency in no way advocates a particular course of action.

If accepted, the student agrees to abide by the following code of conduct:

1. Profanity and foul language will be grounds for expulsion from the Program.
2. Excessive tardiness and/or absenteeism may be grounds for expulsion.
3. Any threat or act of violence toward another individual will be grounds for expulsion from the Program.
4. Any aggressive behavior, such as sexual harassment, will be grounds for expulsion from the Program.
5. Failure to exhibit self-respect and respect for others will be grounds for expulsion from the Program.
6. Any behaviors that may be considered prejudicial against race, socioeconomic differences, disabilities, religion or sexual preference will be grounds for expulsion from the Program.
7. Bringing a weapon of any kind will be grounds for expulsion from the Program.

Parent/ Guardian Signature

Date

Signature of Applicant

Date

Program Coordinator Signature

Date

