The Youth Empowerment Project Wants You!

Join us for a three day intensive program all about Neonatal Medicine! If you are interested in a career in neonates then this is the program for you! This program is open to high school students!

(Program dates are July 15th—July 17th 9-3pm)

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, 2015

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
Program Objectives

- Students will learn about neonatology
- Students will verbalize knowledge of caring for a newborn infant
- Students will demonstrate caring for a newborn infant with a simulated parenting experience
- Students will demonstrate knowledge of special care needed for premature infants with conditions such as low birth weight, intrauterine growth retardation, congenital malformations etc.
- Students will verbalize knowledge of the principal role played by neonatal nurses and neonatologists
- Students will be exposed to multiple health care professionals involved in the field of neonatology
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 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 _____________________________

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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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 Youth Empowerment Project, 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 Project, Summer Intensive program, EVEN THOSE RISKS ARISING OUT OF NEGLIGENCE OF UNM, UNMH, the BATCAVE and the Youth Empowerment Project. The Participant’s participation in any activity/activities at the 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 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 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:

This summer your child will be participating in a comprehensive health education program provided and facilitated by the University of New Mexico Hospitals 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
- Neonatology
- Reproductive Health and Anatomy
- Labor & delivery and premature infants
- Teen Pregnancy
- Sexually Transmitted Diseases including HIV/AIDS and the intrauterine effects
- Contraceptives
- Healthy Relationships and Communication Skills
- Nutrition, obesity, diabetes, heart health and chronic health and medical conditions
- Substance abuse (including smoking, drugs and alcohol)
- Other health prevention, promotion topics as they arise

The curriculum schedule 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

_________________________________________  __________
Student Signature                     Date

_________________________________________  __________
Parent or Guardian Signature          Date
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 Youth Empowerment Project. I understand and agree that these photographs, videotapes, films, or images may be used as indicated below:

Educational activities involving YEP staff and/ or employees
Educational activities outside of YEP program involving others besides YEP staff and/ or employees
Research Activities
Legal Purposes
Public media, including news media, television, advertisements, public relations, online media 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 Hospital, YEP, 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
Dear Parent(s):

In order to provide students with a realistic idea of the demands of parenting and caring for a newborn infant, your child will be participating in a parenting simulation project as part of our Neonatal 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 Morris at 272-9878 if you have any questions or concerns.

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**Ready-or-Not Tot® Permission Slip**

I give my child, __________________________, permission to participate in the interactive parenting simulation using the Ready-or-Not Tot®. 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