

# **FUTURE HEALTH LEADERS**

## **SUMMER CAMP**

**June 20<sup>nd</sup> - 26<sup>th</sup>, 2016**

**Application Deadline: May 27<sup>th</sup>, 2016**

**TOHONO O'ODHAM COMMUNITY COLLEGE (MAIN CAMPUS)**

HWY 86. Milepost 125.5 Sells, AZ 85634

### **Description:**

Come join us for the Future Health Leaders Summer Camp at Tohono O'odham Community College (TOCC). This is a week long intensive camp which explores topics of community health, and health professions. Students will reside in the TOCC dormitory and participate in activities facilitated by Indian Health Services, University of Arizona, Tohono O'odham Community College and the Tohono O'odham Health & Human Services Department staff. Promoting T.O. himdag throughout, students will participate in a series of traditional O'odham practices such as rattle and basket making as well as the Bahidaj camp in a way of linking traditional values and contemporary health prosperity.

### **Who can apply?**

- High School status students and graduating seniors (Sophomores – Senior)
- Tribally enrolled and Tribally affiliated Tohono O'odham members

### **Supporters:**

- Southeast Arizona Area Health Education Center // Tohono O'odham Health & Human Services Department // Tohono O'odham Community College // Indian Health Services// University of Arizona AHEC Program and Office of Diversity and Inclusion.

### **Contact Information:**

- **Tashina Machain**  
**Cell: (520) 331-0108**  
**Email: [tashina@seahec.org](mailto:tashina@seahec.org)**



**2016 Future Health Leaders Summer Camp  
PARTICIPANT APPLICATION FORM**

**Please complete this form and submit along with the attached documents by  
Application Deadline: May 27th, 2016**

**A) STUDENT PERSONAL INFORMATION:** The Personal Information section must be completed by the student applicant. Please print clearly.

Date: \_\_\_\_/\_\_\_\_/2016  
Month Day Year

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Message Number: ( ) \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Mailing or Street Address City State Zip

**(If Applies)** Community: \_\_\_\_\_ District: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: ( ) Female ( ) Male ( ) Transgendered

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Ethnicity: (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White/Caucasian                        |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic/Latino                        |
| Other _____   |   |

High School: \_\_\_\_\_ City: \_\_\_\_\_

For Academic Year in High School **(2016-2017):** ( ) 9<sup>th</sup> ( ) 10<sup>th</sup> ( ) 11<sup>th</sup> ( ) 12<sup>th</sup>

Have you attended any other SEAHEC programs or camps? ( ) Yes ( ) No

If yes, when and where?

\_\_\_\_\_

**B) PARENTAL PERMISSION:** must be completed by the student's parent or guardian.

I, \_\_\_\_\_, have read the 2016 Future Health Leaders information inviting my daughter/son, \_\_\_\_\_, to participate in this activity, and grant permission for her/him to attend. Please contact me at your earliest convenience to provide additional information to me and my daughter/son, and to complete all the necessary summer camp registration forms.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Parent / Guardian Signature) Date

**Selected participants and their parents/guardians must provide the following information to participate in the 2016 Future Health Leaders Summer Program.**

Please answer Yes or No to the following questions about the student participant:

1. Do you follow any special diet? ( ) Yes ( ) No If yes, please specify:

\_\_\_\_\_

2. Do you have any of the following conditions?

( ) Diabetes ( ) Epilepsy ( ) Seizures ( ) Other, \_\_\_\_\_

3. Other medical problems, chronic conditions or special situations about which we should know:

\_\_\_\_\_

4. Will you require any special assistance during the duration of the camp? ( ) Yes ( ) No If yes, please specify your requirements so that we can accommodate:

\_\_\_\_\_

5. Adverse reactions: Please list and describe any adverse reactions that you may have had to medications:

\_\_\_\_\_

6. Please list and describe any food allergies that you may have:

\_\_\_\_\_

7. Please list any other allergies that you may have (e.g. bee sting, etc.):

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8. Medications: Please list any medications that you take regularly and will bring with you to the camp (include vitamins, prescription & non-prescription medications, oral contraceptives, etc.):

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(Medications brought to the workshop must be listed above and be in their original packaging).

9. Consent to Treat 17 Year Old or Younger 2016 Future Health Leaders Summer Program Participants (this section must be completed by the student's parent or guardian)

**I give permission to the SEAHEC Health Career Program Coordinator to arrange emergency medical care for my son/daughter in the event of an accident or illness and hereby grant permission to any licensed medical doctor, nurse, dentist, or other health care professional to provide treatment as deemed necessary.**

Signature of Parent /Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Parent/Guardian Name: \_\_\_\_\_

In case of an emergency, contact: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**C: Student Interest / Essay Questions**

**What are your career interests at the present time?**

**Please number your top three choices, with “1” indicating your first choice, “2” indicating your second choice, and “3” indicating your third choice. If you mark any that say “other,” please specify what other career you would like to explore.**

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Doctor   | <input type="checkbox"/> Physical Therapist                               |
| <input type="checkbox"/> Pharmacist       | <input type="checkbox"/> Physician Assistant                              |
| <input type="checkbox"/> Nursing          | <input type="checkbox"/> Other health-related careers (not listed): _____ |
| <input type="checkbox"/> Public Health    | <input type="checkbox"/> Other (non health-related careers): _____        |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Dentist  |

**The Essay Questions section must be completed by the student applicant.**

**Please answer these questions to help us understand your interest in seeking a career in the health professions (if needed, please attach an additional page).**

1. Which health profession do you want to pursue the most and why?

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2. Briefly describe a health concern in your community and how would you address it.

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**2016 Future Health Leaders Summer Camp**  
**TRANSPORTATION INFORMATION FORM & T-SHIRT/ PHOTO RELEASE**  
**Application Deadline: May 27th, 2016**

STUDENT NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**D) Transportation Agreement**

It is strongly encouraged that parents/guardians transport their daughters/sons selected to participate in this camp to and from the location of the 2016 Future Health Leaders Summer Program (Tohono O'odham Community College Main Campus).

**By signing this form, I ensure that (you may select more than one option):**

( ) I will transport my daughter/son to the Tohono O'odham Community College campus on Monday, June 20, for the 2016 SEAHEC Future Health Leaders Summer Program, and will pick her/him up and participate in the closing activities on Sunday June 26, 2016.

( ) I will not be able to transport my daughter/son to Tohono O'odham Community College campus on Monday, June 20, for the 2016 SEAHEC Future Health Leaders Summer Program and will not be available to participate in the closing ceremonies on Sunday June 26, 2016.

( ) I would like to attend the closing ceremonies on Sunday June 26, 2016. Number of people attending \_\_\_\_\_. (Dinner will be provided) **(4 person max)**

( ) My daughter/ son will be carpooling with \_\_\_\_\_ to and from Tohono O'odham Community College.

\_\_\_\_\_/\_\_\_\_\_/16

Signature of Parent/Guardian

Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

**E) T-Shirt Size Information**

Students participating in the 2016 Future Health Leaders Summer Program will receive one free T-shirt. Students should wear this T-shirt during the group photo activity and during field trips. To receive the appropriate T-shirts, please provide the information requested below:

Please check only one size for the T-shirt: ( ) S (Small) ( ) M (Medium) ( ) L (Large)  
( ) XL (Extra Large) ( ) XXL (2 Extra Large) ( ) XXXL (3 Extra Large)

# **2016 Future Health Leaders Summer Camp**

## **Release For Use Of Photographic Images**

I hereby grant the Southeast Arizona Area Health Education Centers, University of Arizona, Tohono O'odham Community College and Tohono O'odham Department of Health & Human Services the right to publish and display photographic images, videotape, and or voice recordings of myself taken during the 2016 Future Health Leaders Summer Camp. I understand that such publications will be used for brochures, websites, display boards, and or conference materials, for these organizations. I understand that my likeness will not be used for any financial gain and that I may choose not to sign this waiver without penalty. I waive all rights to fees and compensation for the use of these photographs, which are the property of those stated in this contract.

Signed:

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(Print Name):

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Date: \_\_\_\_\_

# **Check List**

Please review your application to make sure all pages are included and sent to our offices. The following **A- E** items must be completed.

**Application Deadline: May 27th, 2016**

- A) Personal Information**
- B) Parental Permission**
- C) Student Interest/ Essay Questions**
- D) Transportation Agreement**
- E) T-Shirt Information & Photo & Media Release Form**

If you have any questions about this application please call **Tashina Machain** at **Cell: (520) 331-0108** or by email at **tashina@seahec.org**

**Please send your completed application to one of the following locations.**

## **Mail:**

- **SEAHEC**  
Att: **Tashina Machain**  
1171 W. Target Range Road  
Nogales, AZ 85621  
**OR**  
**Fax#: (520) 287-4349**
- **Tohono O'odham Community College**  
Att: **Daniel Sestiaga**  
P.O. Box 3129  
Sells, AZ 85634
- **SCAN & Email:**  
**tashina@seahec.org**

## **Drop Off:**

- Att: **Daniel Sestiaga**  
Tohono O'odham Community  
College Main Campus (Main  
Building, Student Services)



