



2019 Summer Medical Camp Application

The summer mini-camp is designed to enhance workforce readiness skills for Teens and to build a stronger connection between school and work. 100 Black Men of Savannah, Inc. will partner with St. Joseph Candler Hospital for a two week long summer camp. Ten participants will be involved in on the job training with hands on experiential learning to:

- Explore the variety of career and opportunities in health care
- Provide the opportunity to shadow health care professions in their work setting
- Strengthen skills and resources for health career development

Eligibility: 10 participants, ages 16-18 years old and those who have an interest in the health and medical field profession, a **letter of recommendation** from teacher, or guidance counselor or supervisor in addition to the application form along with the **\$25 registration fee (check/cash/money order)**.

Student Information:

Name: _____ Shirt Size: _____
Current Member of YLA: YES NO Age: _____ Sex: Male Female
What is your current grade level: 10th , 11th , 12th
School: _____ GPA: _____
Phone: _____ Alternate Phone: _____
Email: _____

I hereby apply to be a member of the SAVANNAH 100's YOUTH and I understand and agree to abide by its requirements. I promise to be kind and respectful to my fellow students and all others.

Student Signature: _____ **Date:** _____

Parent or Guardian Information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____
Email: _____



PATHWAYS TO SUCCESS EXPLORES HEALTH PROFESSIONS

Consent, Release and Waiver Form

I, _____, the parent and/or guardian of _____ (“Mentee”), hereby give my consent for him/her to participate in the 100 Black Men of Savannah, Inc. (“Savannah 100”) youth mentoring programs. I also agree that:

1. Program staff, volunteers, Collegiate 100, and members of the Savannah 100, have my permission to provide Mentee reasonable first aid and transportation to a health care facility in the event Mentee needs emergency medical attention. I agree to release any records necessary for treatment, billing, referral or insurance purposes in the event Mentee is transported to a health care facility for emergency medical attention.
2. Pictures and video or audio recordings of Mentee participating in the Program are hereby released by me for use in appropriate news media (e.g. newspapers, radio, and television stations) and in the marketing materials for the Savannah 100 (e.g. website and brochure).
3. In consideration of Mentee being allowed to participate in the program I agree on behalf of myself, Mentee, any other parent or guardian of Mentee, and any personal representative, agent, heir, successor or assign of the foregoing (hereinafter “Mentee’s parties”) to forever and irrevocably indemnify, hold harmless, waive liability, release and discharge Savannah 100, 100 Black Men of America, Inc., Program staff, and any corporate entities, officers, directors, members and employees related to any of the Program from any and all claims, demands, causes of action, rights, costs and charges of whatever kind or nature, arising out of or related to any known or unknown, foreseen or unforeseen bodily or personal injury, death, or property damage, resulting from Mentee’s voluntary participation in Program.
4. In consideration of Mentee being allowed to participate in the Program, I covenant and agree on behalf of Mentee’s parties that Mentee’s parties will not sue Program parties for any claims for damages arising from or related to Mentee’s voluntary participation in Program.
5. Assumption of Risks: Engagement in Athletic Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and that participation in any physical activity involves peculiar risks that even when safety precautions are utilized, injuries can occur. I also understand that if I experience pain or physical discomfort during these activities I will decrease or stop participating. I am aware that personal health/accident insurance is my sole responsibility. I affirm that to the best of my knowledge, I do not have any medical condition or physical disability that will preclude my safe participation.



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- 6. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Engagement of Athletic Activities and participation in attendant activities. I hereby assert that I knowingly assume all such risks.

I hereby acknowledge that I have read this form and agree to waive certain legal rights by signing this Consent, Release and Waiver.

BY: _____ Date: _____
PARENT/GUARDIAN

Summer Camp Agreement Form

Participant's Name: _____
Address: _____
Phone: _____ Age: _____
Date of Birth: _____ Grade: _____
Address: _____
Email: _____
School: _____
Parent/Guardian: _____ Phone: _____

All parties jointly agree to the following:

- a. The parent or guardian shall be responsible to the program for the conduct of the participant who is participating in the 100 Black Men of Savannah's Medical Campe
b. Safety instructions will be provided.
c. This agreement may be terminated, after consultation with the coordinator, for due cause or for unforeseen business conditions.
d. The camp shall conform with all federal, state, and local labor laws while providing the participant with a variety of work-site experiences.
e. The parent or guardian will provide transportation for the participant to and from the camp.
f. Participants will be accepted and assigned to sites without regard to race, color, national origin, sex, handicap, or disadvantage.

(Parent) _____

(Date) _____

(Participant) _____

(Date) _____



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Camp Based Activities for Participant

Name: _____ Home Phone: _____

School: _____ Alt. Phone: _____

Program Coordinator: _____

Suggested Activities:

1. Introduce the participant to the staff.
2. Explain the work-based learning position.
3. Tour the facility (if possible/practical).
4. Create a work-based learning plan for the participant related to his/her career interest. This plan must be completed in advance of the participant's arrival.
5. Expose the participant to the same routine a new employee would experience.
6. Answer questions that the participant has regarding the job.

As a supervisor, offer the participant answers to the following questions:

1. Describe your occupation. (What are your duties?)
2. Describe the working conditions associated with the position (i.e., physical working conditions, amount of overtime required, stress level, amount of responsibility, amount of travel required, etc.)
3. What is your educational background? What school courses do you feel would be most helpful to prepare for your position?
4. What do you enjoy most about your position?
5. What do you find most difficult, stressful, etc. about your position?
6. What recommendations would you offer to someone who is interested in entering a similar position?
7. In your opinion, what type of attitude, personality traits, or personal characteristics are important in order to be successful in your career field?
8. What opportunities are there for advancement in your career field and related fields?
9. What are the starting salaries and educational requirements at this company for persons who hold the career positions in which the participant has interest?
10. What does this company do to encourage its employees to continue their education?
11. What are some good ways for participants to find out about your career?

Note: It is the policy that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, handicap, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discriminate on in any program or activity.



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Parent/Guardian Summer Camp Permission Form

My child, _____ (Name of Participant) _____ (Birthdate) has my permission to participate in a school-to-work activity at _____ SJCH _____ beginning _____ 7.15.2019 _____ and ending _____ 7.26.2019 _____ (Date) (Date)

I will be responsible for arranging transportation for my child to and from the camp site. My permission is given for my child to receive emergency medical treatment in case of injury or illness. I understand that school personnel will not be present when the participant is at the site and will not be responsible for my child.

TO BE COMPLETED BY THE PARENTS OR GUARDIAN:

Transportation Arrangements: _____

Home Address: _____ Home Phone: _____

100 Black Men of Savannah, Inc. shall not be liable for any injuries sustained by the participant's participation in this program. I have read the above information and fully understand and agree with the content.

(Parent/Guardian Signature) (Date) (Work Phone)

(Parent/Guardian Signature) (Date) (Work Phone)

Please complete the application forms and have it postmarked by Friday, June 16, 2019 to:

100 Black Men of Savannah, Inc.
Pathways to Success Summer Programs
Attn: Harold Oglesby
P.O. Box 14606
Savannah, GA 31416



Training Agreement

Participant's Name: _____
Address: _____
Phone: _____ Phone: _____
Age: _____ Date of Birth: _____ Grade: _____
Address: _____
Email: _____
School: _____
Parent/Guardian: _____ Phone: _____

This training agreement briefly outlines the responsibilities of the participant, parents, employer, and the teacher. The second part of this document is entitled "Training Plan" and consists of standards for the specific participant's program of studies.

Parent/Guardian

1. Encourages the participant to effectively carry out the work experience requirements both in the classroom and on the job.
2. Assumes responsibility for the conduct of the participant.
3. Provides transportation for the participant to and from the camp site.
4. Holds camp site and program administrator harmless for risks associated with transportation and indirectly monitored activities (e.g., work-based experience).

Participant

1. Complies with the rules and regulations of the work site.
2. Observes the same regulations that apply to other employees.
3. Adheres to all policies and regulations as set forth by program administrators.
4. Shall not displace adult workers who can perform such work as assigned in the work-based experience.

Program Administrator

1. Assists in securing an appropriate work-based experience.
2. Works with the supervisor/mentor in developing learning plan for the participant.
3. Verifies that participant's duties correlate with job description; observe working conditions; help develop progressive skill-building activities; observe and evaluate participant progress; and resolve questions, issues, or concerns.
4. Counsels the participant about his/her job progress, behavior, attitude, academics, etc.
5. Terminates employment when it serves the best interest of the participant as determined in collaboration with the employer.



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Employer

- 1. Recognizes that the participant is enrolled in work-based learning aligned to their program of study.
2. Provides supervision and instruction in each of the applicable tasks listed on the training plan to assist the participant in mastering standards necessary for success in the career objective.
3. Evaluates and documents participant progress.
4. Employs a non-discrimination policy with regard to race, color, handicap, sex, religion, national origin, creed, or age.

(Parent/Guardian) (SCJH) (Participant)
(Director) (Program Administrator) (Date)

Insurance and Emergency Information Form

Personal Data

Participant's Name: Birth Date:

Participant's Home Address:

Phone: Alt Phone:

Parent's Name:

Email:

Name of Health/Accident Insurance Company:

Insured: Policy#:

(Note: Please identify who is providing coverage by placing an (X) in the appropriate space.)

Participant Medical Information

List medical information about the participant that would be helpful in case of emergency.

Allergic to medications? () Yes () No

If yes, what medications?

List any allergies or other medical problems of the participant:

Family Information

Parent/Guardian Name: Work Phone:



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Employer Name/Address: _____

Parent/Guardian Name: _____ Work Phone: _____

Employer Name/Address: _____

Parent/Guardian Home Address: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Participant's Signature

Date

Note: This form should be kept on file at the school. If the participant is participating in a work-based learning activity a copy should also be kept on file at the camp-site.

Parent/Guardian Summer Camp Permission Form

My child, _____ (_____) has my permission to
(Name of Participant) (Birthdate)
participate in a school-to-work activity at _____ SJCH _____ beginning

_____ and ending _____
(Date) (Date)

I will be responsible for arranging transportation for my child to and from the camp site. My permission is given for my child to receive emergency medical treatment in case of injury or illness. I understand that school personnel will not be present when the participant is at the site and will not be responsible for my child.

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Transportation Arrangements: _____

Home Address: _____ Home Phone: _____



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100 Black Men of Savannah, Inc. shall not be liable for any injuries sustained by the participant's participation in this program. I have read the above information and fully understand and agree with the content.

(Parent/Guardian Signature)

(Date)

(Work Phone)

(Parent/Guardian Signature)

(Date)

(Work Phone)

Please complete the application forms and have it postmarked by **June 16th, 2019** to:

**100 Black Men of Savannah, Inc.
Pathways to Success Summer Programs
Attn: Harold Oglesby
P.O. Box 14606
Savannah, GA 31416**



**PATHWAYS TO SUCCESS EXPLORES HEALTH PROFESSIONS
ST. JOSEPH'S/CANDLER HEALTH SYSTEM**

**PARENTAL RELEASE
FOR OBSERVATIONAL EXPERIENCES**

(Student's Name-printed)

(Parent/Guardian's Name-printed)

I, the undersigned, hereby consent to my child's participation in an "observation only" experience at St. Joseph's/Candler Health System, Inc. ("St. Joseph's/Candler"), as sponsored by *100 Black Men of Savannah, Inc. – Medical Camp* (the "Program").

I understand and acknowledge that participation in activities taking place a health care environment involves inherent risks and hazards, including the risk of exposure to disease and blood/body fluids, and other potential risks. Although I understand that these risks may have serious consequences, on behalf of my child and myself, I hereby expressly assume all of these risks, known or unknown, which could occur through my child's participation in the Program, and, on behalf of my child and myself, I assume personal responsibility for my child's health and safety while my child participates in the Program. In addition, I understand that I am responsible for expenses incurred for any medical or health care services (emergency or otherwise) my child may require as a result of participating in the Program.

As an inducement for and in consideration of my child's participation in the Program, on behalf of my child and myself, I hereby agree that St. Joseph's/Candler, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, will not be liable for any personal injuries, medical claims, damages or other expenses which may occur from my child's participation in the Program. On behalf of my child and myself, I hereby release St. Joseph's/Candler, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, from any and all claims or demands which I or my child may now have or have in the future which result from my child's participation in the Program, and, on behalf of my child and myself, I agree not to sue St. Joseph's/Candler, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, for any such claims or demands.

This Parental Release is intended to be as broad and inclusive as permitted by law, and if any portion of this document is found to be invalid, the rest of this document will remain in effect. This Parental Release shall be binding on my heirs, executors, administrators and assigns.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read it.

Signature of Parent/Guardian

Date _____

Witness