

2017 Sidney Summer Camp HCPP Participant Form

A-TrACC Field Guide Suggestions
Health Careers Promotion and Preparation

¹Today's Date: 6/29/17

²Activity Code/Title: Sidney summer Camp

³AHEC Center: NP- AHEC

⁴Information for this form is provided voluntarily. AHEC is required to report information about program participants. Data will be kept private to the extent allowed by law and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.

⁵ 7-Digit ID(AHEC Office Use Only):	⁶ Participant Type (select one) <input type="checkbox"/> Student-not in high school yet <input type="checkbox"/> Student-HS <input type="checkbox"/> Student-College <input type="checkbox"/> Not currently a student <input type="checkbox"/> Career Changing Adult <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Other (Specify) _____
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⁷ Last Name/First name	⁸ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	⁹ Birthdate / / (mm/dd/yyyy)	¹⁰ Age
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¹¹ Address	¹² City	¹³ County (not USA)	¹⁴ State	¹⁵ Zip code (9 digit as possible)
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¹⁶ Primary Phone #	¹⁷ Permanent Email address
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¹⁸ Ethnicity (select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic	¹⁹ Race (select all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White
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²⁰ Can you answer yes to any of the following? Yes No

- You are (or will be) the first generation in your family to attend college.
- You have or currently receive Scholarship or Loan for Disadvantaged Students.
- While growing up, you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid etc.).
- While growing up, you lived where there were few medical providers at a convenient distance.

²¹Parent/Guardian- Last Name/First name

²² Parent/Guardian Address(if different from above)	²³ City	²⁴ County (not USA)	²⁵ State	²⁶ Zip code (9 digit as possible)
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²⁷ Parent/Guardian Primary Phone #	²⁸ Parent/Guardian Permanent Email address
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²⁹How do you prefer to be contacted? Phone Email Facebook US Mail Text
(If text, what number?) _____

³⁰ Please list 2 other persons, who do not live with you, that will know how to contact you in the future.

Name	Phone Number	Email Address
1.		
2.		

³¹ School Name	³² City	³³ County (not USA)	³⁴ State	³⁵ Zip code (9 digit as possible)
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³⁶ Current Grade/ College year	³⁷ If college student, Major	³⁸ Anticipated Date of Graduation / (mm/yyyy)	³⁹ Counselor/Teacher/Advisor Name
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⁴⁰ Do you plan to apply this activity to a certification for example Community Health Worker, Certified Nurse Assistant, Dental Assistant, CPR, 1st Responder, or other: Yes No If Yes Specify _____

⁴¹ Are you currently enrolled in a Health Professions program such as those listed above? Yes No Yes/Specify _____

⁴² I intend/plan/would like to enter a health career. Yes No

⁴³ I intend/plan/would like to enter a health career in primary care for example as a family medicine doctor, nurse practitioner, physician assistant, or community health worker, etc.). Yes No

⁴⁴ I intend/plan/would like to work with people who are medically underserved, that is people who face economic, cultural, or linguistic barriers to healthcare. Yes No

⁴⁵ I intend/plan/would like to work in rural areas (not big cities) Yes No