



and **Dallas Deputy Mayor Pro Tem Dwaine R. Caraway**

Present

TEEN SUMMIT HEALTH CAREERS CAMP

Camp Applicant: Have a teacher or guidance counselor complete this recommendation form. The completed form must be submitted with your application. Applications must be postmarked by Thursday, June 5, 2008.

Camp Applicant: _____

TO BE COMPLETED BY RECOMMENDER:

Name & Position: _____

How long have you known this student and in what context:

How would you rate this student on the following characteristics?

	Below Avg	Average	Above Avg	Excellent	No Basis for an Opinion
Academic Achievement					
Maturity					
Motivation					
Ability to work in teams					
Intellectual Curiosity					
Ability to adapt to new situations					



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How does this student differ from other students in your class?

Signature: _____ **Date:** _____



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Parent/Guardian Information

Name of Parent/Guardian (printed) _____

Daytime Phone Number _____

Evening Phone Number _____

Emergency Contact Information

Please provide one additional daytime emergency contact **other** than the parent/guardian above.

Name _____

Daytime Phone _____

Relationship _____

Waiver and Release – Initial indicating that you have read and agree to each statement.

_____ I grant permission for Amerigroup/City of Dallas staff to take pictures of my child to be used for marketing purposes without compensation or time limitation.

_____ I understand there is no tuition cost associated with the TEEN Summit Health Careers Camp.

_____ I will ensure my child will have transportation to and from the TEEN Summit Health Careers Camp at Texas Scottish Rite Hospital in Dallas, Texas (and transportation will not be provided by Amerigroup nor the City of Dallas)

_____ I understand that campers must be age 13 by camp day. Camper



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GETTING TO KNOW YOU QUESTIONS

On a separate sheet, please type your responses to the four questions listed below. Include your name on your answer sheet and attach it to this application. Remember-the- answers you write to these questions will be used to evaluate your application. Put thought into each answer!

1. Tell us why you would like to attend the TEEN SUMMIT HEALTH CAREERS CAMP. (150 WORDS OR LESS)
2. Tell us something interesting about yourself that you think we should know. (150 WORDS OR LESS)
3. What has been your favorite learning experience? This does not have to be limited to a school experience. (no word limit)
4. Right now I think I want to be a _____ when I finish school. Please tell us why. (150 words or less)

About the **TEEN SUMMIT HEALTH CAREERS CAMP**

This is an educational program started by Dallas' Deputy Mayor Pro Tem Dwaine R. Caraway as a mechanism for developing a public health camp curriculum aimed at encouraging middle to high school students to seek health careers. Amerigroup Community Care is the leading publicly-traded company dedicated exclusively to caring for the financially vulnerable, seniors and people with disabilities through publicly-funded programs.

Future plans for HHC (Health Careers Camp) includes creating a curriculum toolkit for local health departments seeking to offer a similar camp experience.

The Teen Summit Health Careers Camp curriculum is based on contextual and situated cognition learning principles. By learning through hands-on activities and seminars, middle and high school seniors at the conclusion of the camp will be able to:

- Identify five careers within public health
- Demonstrate an understanding of basic clinical health terms
- Increased understanding of the importance of child health insurance for the uninsured
- Healthy lifestyle choices today –and daring to live to age 150
- Understand the role of public health law in protecting the public's health in the United States
- Serve as a health ambassador with Amerigroup Community Care – encouraging more young people to adopt healthy lifestyles



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Application Information

Name: _____

Date of Birth: _____

Current Grade Attending (circle): Middle Schooler – Which grade? _____
High Schooler - Which grade? _____

Home Mailing Address _____

Home Phone _____

Email (print clearly) _____

School Attending _____

School Town & State _____

T-shirt size _____

Dietary restrictions _____

TEEN SUMMIT HEALTH CAREERS CAMP condition. Please initial indicating that you have read and agree to this statement.



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_____ The TEEN SUMMIT HEALTH CAREERS CAMP is a voluntary attendance camp; campers should arrive eager to participate in the scheduled activities. Campers are expected to arrive in a timely manner.

Signature of Applicant

Date
