SUMMER MASH CAMPPROGRAM DESCRIPTION AND APPLICATION

Purpose
The Fort Drum Regional Health Planning Organization (FDRHPO), in partnership with our local hospitals and Jefferson Community College, offers students entering grades 8-12 the opportunity to learn what health professionals do each day. By participating in interactive, hands-on activities that highlight various career opportunities, students learn about the educational requirements, skills, typical job duties and personal qualities of specific health professionals. Involvement in MASH (Medical Academy of Science and Health) Camp will also increase student awareness and understanding of the hospital setting and structure where many health professionals work. Additionally, this program provides students the opportunity to network with healthcare professionals in their community, thus building long-term mentoring relationships.

Program Description
MASH Camp is a unique opportunity for students entering grades 8-12 to experience the health care world in an interactive way. It provides an opportunity for students to take advantage and experience the field of healthcare and start their educational pathway in pursuit of a degree. The 3-day session (9:00-3:00 PM) will help answer some questions and then provide students with a path to explore their options more in-depth. Regardless of the hospital placement, each day will be different with interesting and thought-provoking exercises and activities that will give a real life experience. MASH Camp is offered in the summer at Lewis County General Hospital, Carthage Area Hospital, Samaritan Medical Center, and River Hospital. Additionally, MASH Camp is offered at Jefferson Community College where students will have an opportunity to explore healthcare in a lab based setting.

Application Process
To apply for MASH Camp, students must submit a completed application to the FDRHPO office by fax or mail. Application can be found on the FDRHPO website: www.fdrhpo.org or in the school Guidance Office. Students are accepted on a first come, first serve basis as long as applications are complete and of quality. All applications will be reviewed and ranked based on the following criteria:

- Student’s essay composition (250 Words). Essay should be typed and include reasons for interest in MASH camp, interests in the healthcare field, and plans for future in the healthcare field.
- Completed and signed School Counselor Rating and Reference Form (new-page 5) which includes verification of:
  - A grade point average of 75 or above & good attendance record of the student
- Parental/Guardian Consent Form
- Application deadline: May 6, 2016
- Due to limited capacity, no entries will be accepted following the deadline.
- Only applications that are mailed or faxed will be accepted.

Notification of Acceptance
Students selected to participate will receive a letter via mail. Students that are not selected will be placed on a waiting list and will receive notification via email. FDRHPO will contact waiting list students should a position become available.

Requirements
Students selected to participate will be required to submit all of the following documents by June 15, 2016 at 5:00PM.

- Signed release of liability forms by parent/guardian
- Signed media release form by parent/guardian
- Signed Health Insurance Portability and Accountability Act (HIPAA) form by parent/guardian and student
- Up-to-date immunization record
- Proof of Physical (within past year)
- Proof of TB/PPD Skin Test(s) (within the past year) (Some facilities require 2 tests)
- Documentation of any medical conditions and allergies

PLEASE KEEP THIS PAGE FOR YOUR RECORDS
Fort Drum Regional Health Planning Organization
Regional Recruitment Program

MASH Camp Program Application

Name: ___________________________ Date: ___________________________

Street Address: __________________________________________________________

City: ___________________________ State: ___________ Zip: _______________

E-mail: __________________________

Home Phone: (___) ___________________ Cell: (___) __________________________

Age: _____ Grade you will enter in September: _____ School: ___________________________

School Counselor’s Name: _________________________________________________

Preferred MASH Camp T-shirt size: Small □ Medium □ Large □ X-Large □

How did you hear about MASH Camp? _____________________________________

Have you participated in MASH Camp before? Yes □ No □ If yes, which hospital(s)/JCC and year(s) participated? _________________________________

Have you applied to MASH Camp before but have not been accepted? Yes □ No □

For planning purposes, please list your top 5 areas of interest (ex. Radiology, Occupational Therapy, Health Information Technology, Biomed, etc.) This does not guarantee rotations in these areas during MASH Camp.

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________

4. _________________________________________________________________

5. _________________________________________________________________

Please rank your preferred placement for summer MASH Camp (1-5 with 1 being your first preference). Due to limited spacing at each facility, we CANNOT guarantee your 1st choice.

______ Carthage Area Hospital (15 Students) July 12-14

______ Samaritan Medical Center (20 Students) July 19-21

______ Lewis County General Hospital (8 Students) July 26-28

______ Jefferson Community College (16 Students) August 2-3

______ River Hospital (8 Students) August 9-11

Office use only:
Date received: _____ Preference: _______
Placement: _______
Paperwork complete: _____
Parent/Guardian Consent Form

My son/daughter has my permission, if selected, to attend the Fort Drum Regional Health Planning Organization’s MASH Camp.

Name of Parent/Guardian: _____________________________________________________

Street Address: ______________________________________________________________

City: _________________________ State: _____________ Zip: _______________________

Home number: __________________________ Cell number: _______________________

Parent/Guardian Email Address: __________________________

In case of an emergency, please notify: __________________ Phone: __________________

Relationship to Student: __________________________

Please document any special medical conditions and allergies:
___________________________________________________________________________
___________________________________________________________________________

By initialing below you are acknowledging your understanding of the program procedures.

Notification of Acceptance
Students who are selected to participate will be notified via mail. Students that are not accepted and placed on the waiting list will be notified via student and parent email provided on application. Please ensure addresses are accurate.

______ (parent/guardian initials)

Student Placement
Due to limited spacing at each facility, we CANNOT guarantee student’s 1st choice.

______ (parent/guardian initials)

Arrival/Departure

____ I will come into the hospital/JCC to pick up my child each day from camp.

____ My child has permission to leave the hospital/JCC and meet me in the parking lot each day of camp.

PLEASE NOTE: If your child will be walking home and/or carpooling with another student when departing from camp, please send a note indicating with whom they will be leaving and on which days/dates.

Liability Release
The undersigned does hereby release the Fort Drum Regional Health Planning Organization from any and all liability arising from my/our child’s participation in the MASH Camp Program.

Signature of Parent/Guardian: __________________________ Date: __________________
Fort Drum Regional Health Planning Organization
Regional Recruitment Program

Student Checklist

**Deadline for Application Submission is: May 6, 2016**

I certify that I have met the following application requirements (#1-7):

1) Entering grades 8-12 □ Yes □ No
2) Good attendance record □ Yes □ No
3) GPA 75 or above □ Yes □ No
4) Completed and Signed School Counselor Rating and Reference Form □ Yes □ No
5) Parent/guardian signed consent and liability form □ Yes □ No
6) Noted any medical conditions including allergies and dietary needs □ Yes □ No
7) 250 Typed Word Composition □ Yes □ No

**If selected to participate (#8-13) are due by June 15, 2016.**

8) Proof of up-to-date immunization records □ Yes □ No
9) Proof of TB (ppd) skin test(s) & results within the past year □ Yes □ No
10) Proof of physical within the past year □ Yes □ No
11) Flu Shot or Mask (during flu season) □ Yes □ No
12) My parent/guardian and I have signed the HIPAA Form □ Yes □ No
13) My parent/guardian and I have signed the Media Consent Form □ Yes □ No

Signature of student: ___________________________________________ Date: ____________________

Please send completed application by mail to:

Fort Drum Regional Health Planning Organization
Attn: Leesa Harvey-Dowdle
MASH Camp
120 Washington Street, Suite 230
Watertown, NY 13601

Or fax to (315)755-2022:

Attn: Leesa Harvey-Dowdle

Questions? Please Contact Leesa Harvey-Dowdle at lharvey-dowdle@fdrhpo.org or (315)755-2020 ext. 55.
School Counselor Rating and Reference Form

Form must be completed and signed by student’s School Counselor.

**Student Name:** __________________________

Please verify that the student meets the following application requirements:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student will be entering grades 8-12 in September 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Student has a good attendance record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Student has a GPA of 75 or above</td>
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</tbody>
</table>

Please rate the student on a scale of 1-5 on the following characteristics:

1. __________
2. __________
3. __________
4. __________
5. __________
6. __________
7. __________
8. __________
9. __________
10. __________

Comments:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Counselor Name: ___________________________________________ Date: __________

Counselor Signature: _______________________________________

Form should be submitted with application by mail in a sealed envelope or faxed with application to Leesa Harvey-Dowdle at (315)755-2022.