

Level Up

STUDENT APPLICATION PACKET



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For questions or additional information, please contact us at:

High Sierra Area Health Education Center
639 Isbell Road
Reno, NV 89509
775-507-4022

Email: marisa@highsierraahec.org
Website: www.highsierraahec.org



Level Up Application	FOR PROGRAM OFFICE ONLY		
	Received by:	Date:	Applicant #

WHERE TO FIND MORE INFORMATION

Email Address:
marisa@highsierraahec.org

High Sierra AHEC
639 Isbell Rd, Ste. 360
Reno, NV 89509

GENERAL INSTRUCTIONS	STUDENT INFORMATION
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To Student:

The application must be printed neatly in blue or black ink. Answer all questions; failure to do so will delay processing. If a question is not applicable, mark "N/A" in the space provided.

To Parent(s) or Legal Guardian(s):

The personal information, including demographic and educational levels, given to High Sierra AHEC for Level Up Programs is used only for reporting purposes and contact information. All information is protected under the Family Educational Rights and Privacy Act (FERPA, 20 USC 1231a). No one may access, view, or utilize the information outside of High Sierra AHEC or partnering agencies, or unless they are given specific or legal authorization to said information.

Student Name:	
Preferred Nick Name:	
Address:	
Apt.	City:
State:	Zip:
Home Phone #:	
Student Contact Phone #:	
Student Email Address:	

GENERAL INFORMATION (continued)
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Have you ever participated in Project ROARR or Project Prevent? Yes No
If yes, what year did you attend?

What high school do you attend?

How did you hear about Level Up?

Current Grade Level: Freshman Sophomore Junior Senior



Citizenship Status:

U.S Citizen Permanent Resident

Gender: M F _____ (fill in the blank) Prefer not to disclose

Date of Birth _____ **Age:** _____ **City/State/Providence of Birth** _____

Ethnicity:

- Asian
- Black/African American
- Hispanic/Latino
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- White/Caucasian
- Multiracial (please specify):

ESSAY QUESTIONS

We are asking students to submit a written paper as part of their application to Level Up. Please read the following essay prompts carefully and respond with the following guidelines:

- Each essay must be typed and approximately 250-300 words in length.
- Your essays will be judged based on content, readability, the flow of the essay, and grammar and spelling.

GO ON TO THE NEXT PAGE TO TYPE/WRITE YOUR ESSAYS.



ESSAY PROMPT #1

Please describe your interest in healthcare and how Level Up will benefit you and your long-term goals.



ESSAY PROMPT #2.

Community Health Workers must maintain the following skills: *Communication, Advocacy, and Relationship Building*. Describe a professional and/or personal experience(s) that demonstrate these skills.



ESSAY PROMPT #3

It is essential for Community Health Workers to utilize a strength-based approach when assessing the needs of their communities. What strengths do you see in your community, and how can you use them to improve community health?



REFERENCES

Please provide the names of three (3) persons who have known you for three (3) years to whom we may contact regarding your character, habits and abilities (Teachers, Coaches, Supervisors, etc):

NAME	EMAIL ADDRESS	RELATIONSHIP	TELEPHONE #

COMMITMENTS

Please describe any additional time commitments you may have including work, volunteer opportunities, sports, and student clubs that you may be involved in.

PLEASE LIST THE MAJOR COMMITMENTS YOU ARE CURRENTLY INVOLVED IN BELOW



CERTIFICATIONS AND SIGNATURES

This section must be completed by the student and the parent(s)/guardian(s). Please initial the line next to each of the statements below, sign on the appropriate lines, and date.

Applicant (Student): I understand the purpose of the Level Up Program is to prepare participants for successful completion of the Community Health Worker Certification (CHW) Level I high school program. As part of my personal effort in this preparation, I commit to the Level Up Program by completing my high school education and intend to participate in all academic year and summer components of the program. I will comply with all rules and regulations of the Level Up Program, and I am aware that failure to comply could result in dismissal from the program.

Parent: I understand the purpose of the Level Up Program is to prepare participants for the successful completion of Community Health Worker Certification and I would like to have my child participate in all other program areas. I also authorize the employees of High Sierra AHEC to have access to the student's personal information for medical aid, if necessary and make referrals to support services as requested. I release the High Sierra Area Health Education Center Level Up Program from responsibility for any harm incurred by the student.

Applicant: Please read carefully and sign before submitting this application.

The foregoing is an accurate statement of the facts to the best of my knowledge. I understand that any falsification, incomplete information, or misrepresentation may be a reason to dismiss my application.

I agree to abide by all Program policies and procedures. I understand that failure to comply with program policies and procedures may result in the dismissal of program participation.

High Sierra AHEC is an Equal Opportunity Organization. We consider applicants for all programs without discrimination because of race, color, religion, sex, national origin, age, sexual orientation, or any other legally protected status.

We will give this application every consideration. However, in accepting it, the Program makes no acceptance commitment to the applicant.

CONTINUE TO INITIAL/SIGN ON NEXT PAGE



- I/We understand that completing this application does not guarantee acceptance into the Level Up Programs.
- I/We understand the information provided on this application will be held in confidence by the Level Up Program.
- I/We understand that the student will be required to complete a 15-hour service-learning project requirement.
- I/We understand completing the apprenticeship does not guarantee employment at the apprenticeship site.
- I/We understand that the student will be required to give 48-hour notice to the instructor of any missed assignments or class times.
- I/We understand that unsatisfactory work performance, excessive absences, and lack of participation will result in dismissal from the program.
- I/We understand that the student will be required to comply with all rules, regulations, and expectations of the Level Up program.
- I/We understand that the Level Up program is one year in length.
- I/We understand that the Level Up coursework is partially online and self-paced (For example, CHW I curriculum will consist of one 2-hour in-person meetings (unless out of the Reno/Sparks area), one 1-hour virtual meeting for a total of 3 hours per week. Self-paced CEU modules will be online and students will complete 15 hours in Summer 2022, 15 hours in Fall 2022, and 14 hours Spring 2023).
- I/We understand that the Level Up program is at no cost to the student.
- I/We understand that completing the Level Up program and obtaining Community Health Worker I certification is not a guarantee of employment.
- I/We certify that both parent and student have read and signed the Level Up information packet.
- I/We certify that the information provided on the application is true and accurate to the best of my knowledge. I also understand that any false statements will make the applicant ineligible for the Level Up program.

By signing below, I certify that I read and agree to the above:

Student Printed Name: _____ Date: _____

Student Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____