

Level Up
Student Application Packet



Disclaimer

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information of its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.

Before continuing with the presentation, please ensure that you have met the following eligibility requirements:

- **You are between the ages of 16 and 18 at the time of application**
 - **You attend a rural, title I, or another eligible school**
 - **You are a US citizen or permanent resident**

For questions or additional information, please contact us at:

High Sierra Area Health Education Center
639 Isbell Road Suite 290
Reno, NV, 89509
(775) 507-4022

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

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 INFORMATION

Student Name:

Preferred Nick Name:

Address:

Apt.	City:
State:	Zip:

Home Phone #:

Student Contact Phone #:

Student Email Address:

GENERAL INFORMATION (continued)

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 Other: _____ Prefer not to disclose

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

NOTE: You must be 16 years old at the time of application.

Race/Ethnicity:

- Asian
- Black
- African American
- Hispanic
- Latino
- Native American
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- White
- 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

A primary role of Community Health Workers is to benefit the communities they serve. What are the needs in your community? How would you help to address those needs?



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: _____



MODEL/PHOTO RELEASE

I hereby grant the High Sierra Area Health Education Center (AHEC) all rights, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by High Sierra AHEC in connection with my participation in a High Sierra AHEC or affiliated event. I grant High Sierra AHEC permission to interview me and/or to use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, current and future, controlled by the High Sierra AHEC, in perpetuity, and for other use by the High Sierra AHEC, for any purpose whatsoever without compensation to me. I acknowledge the High Sierra AHEC's right to crop or display the photo/video at its discretion. All negatives and positives, together with the prints and digital copies shall constitute High Sierra AHEC property, solely and completely.

NOTE: While this is being signed during the application, it will only apply to you if you are accepted into the program.

Participant/Model: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Printed Name

(Parent/Guardian if Minor): _____ Date: _____

Signature

(Parent/Guardian if Minor): _____ Date: _____