



M\*A\*S\*H\*, or Medical Applications of Science for Health, is a two-week summer camp that introduces high school students who are currently in the 10<sup>th</sup> or 11<sup>th</sup> grade to health careers. Students selected into the M\*A\*S\*H\* program will shadow in a variety of health care locations, learn medical terminology, take part in hands on activities to learn medical procedures, tour the UAMS Little Rock campus, as well as a tour of ASU- Mountain Home, Baxter Regional Medical Center, and Good Samaritan Village. Students also take part in team building activities, heart dissection and suturing, proper wrapping techniques and casting, as well as learning about a variety of health careers and education levels needed for different careers. It's too much to list, but we cover a lot over these two weeks!

As the M\*A\*S\*H\* Program Coordinator for ASU-Mountain Home, I want you to know that we are excited about your interest in a health career and your desire to enhance your knowledge and gain experience within this field. Thank you for taking the time to seriously consider this program as you make plans for the summer. Students are selected based on GPA, an essay describing your desire to attend M\*A\*S\*H, teacher recommendation, extra-curricular activities and community service, as well as awards and accomplishments. A committee made up of ASUMH faculty and staff will review all applications and assist in the selection process. Please take the time to have a teacher proofread your application for any misspelled words or mistakes. If you have questions, please feel free to email me at any time. If you don't have an email address, create one, but make sure it sounds professional. After your acceptance letter, all correspondence will be by email, so please check it regularly. ALL students who apply will be notified by mail of their status by **May 1, 2020**. If you have not received a letter by then, please contact me.

I look forward to reading over your applications and learning more about you!

Sarah Smith  
M\*A\*S\*H Program Coordinator  
ASU-Mountain Home  
1600 S. College St.  
Mountain Home, AR 72653  
[sarahs@asumh.edu](mailto:sarahs@asumh.edu)  
870-508-6266

Camp participants accepted into the program are required to attend Monday-Friday, 8-3:30 pm. Breakfast, lunch, and snacks are provided. **IMPORTANT! Please notify the M\*A\*S\*H Director of any food allergies or other dietary restrictions, if accepted.**

This program is located at Arkansas State University Mountain Home in Mountain Home. We are housed in Gotaas Health Sciences Building at 1600 S. College St. We do not provide transportation or housing for this program. Students selected should make arrangements for their own transportation.

This is a **FREE** program for students, thanks to community donations, grants and support from the M\*A\*S\*H Partnership.



**ARKANSAS STATE UNIVERSITY MOUNTAIN HOME**

**APPLICATION FORM 2020**

**June 15 - 26, 2020**

**DEADLINE TO APPLY: April 1, 2020**

**Please print clearly**

**STUDENT:**

1. Name: \_\_\_\_\_  
*Last First Middle initial*

2. Gender (circle):     Male / Female

3. Race (check one):  White  
 Black/ African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Other Pacific Islander  
 Other:  
Please specify: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Month Day Year*

5. Do you go by a different name? If so, what is it? \_\_\_\_\_

6. Home Address: \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_  
*City State Zipcode*

7. Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
*Area code/number (xxx) xxx-xxxx Area code/number (xxx) xxx-xxxx*

8. E-mail address: \_\_\_\_\_ (if you don't have one, create one)



**M\*A\*S\*H**

Medical Applications of Science for Health

**STUDENT INFORMATION**

9. Name of High School: \_\_\_\_\_

10. Year You Will Graduate: \_\_\_\_\_

11. School Mailing Address: \_\_\_\_\_  
(Street or P.O. Box) (Town)

12. T-shirt Size (circle one):    S        M        L        XL        2X

13. What health career are you MOST interested in? \_\_\_\_\_

14. Please list any food allergies or dietary restrictions you have: \_\_\_\_\_

15. Do you have any medical conditions, including pregnancy, we should be aware of?     Yes  No

\*If yes, please specify: \_\_\_\_\_

\*Please note: For your safety, we ask that you tell us about any medical conditions. This information will NOT disqualify you from the program.

16. Have you participated in M\*A\*S\*H before?     Yes         No

17. Have you applied to any other M\*A\*S\*H programs this year?         Yes  No

\*If yes, please specify which program(s): \_\_\_\_\_



***PARENT or GUARDIAN Information***

19. Name: \_\_\_\_\_

20. Home Address: \_\_\_\_\_

\_\_\_\_\_

21. Home/Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
*Area code/number* *Area code/number*



**M\*A\*S\*H**

Medical Applications of Science for Health

***STUDENT WRITING SECTION***

23. List your significant **SCHOOL** activities, achievements and awards of the past two years:  
(Please write neatly. Attach another sheet of paper if necessary.)

24. List your significant **NON-SCHOOL** (community, church, etc.) achievements of the past two years. Also describe any jobs or duties you have at home or school that demonstrate your level of commitment to a task. (Attach another sheet of paper if necessary).



## ***STUDENT WRITING SECTION***

25. Please write in your own words why you are interested in attending M\*A\*S\*H (Medical Application of Science for Health) and why you want to learn about health careers. Your response to this question is very important in the selection process. If you need more room, attach another page to your application.



## DISCIPLINARY POLICY

M\*A\*S\*H faculty and staff aim to maintain a safe, positive, and educational environment for all participants. Certain behaviors can result in your immediate dismissal from the M\*A\*S\*H program and the notification of your parent/guardian. These behaviors include, but are not limited to:

- Deliberate violation of host facility's safety rules
- Possession of alcohol and/or illegal drugs
- Being intoxicated or under the influence of any controlled substances
- Use of tobacco products or e-cigarettes during program hours
- Violation of dress code or cell phone policy
- Inappropriate language or discussions
- Violation of HIPAA rules and regulations
- Harmful or inappropriate contact or communication with other participants and/or staff
- Deliberate destruction or damage to property
- Unexcused tardiness or absence

## STUDENT ACCEPTANCE STATEMENT

All your expenses for M\*A\*S\*H are being paid by the M\*A\*S\*H Partnership, which includes Arkansas Farm Bureau, Arkansas Blue Cross & Blue Shield, UAMS and county Farm Bureau organizations. If accepted into the program, you agree to attend the full length of the program (2 weeks) and to abide by the disciplinary policy. **Please note that this is a day program and that transportation to and from each daily session is your responsibility.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

## PARENT/GUARDIAN PERMISSION STATEMENT

**I hereby grant permission for my son/daughter to apply to this program and for school officials to report my child's achievement and grades. I understand that if my son/daughter is accepted, we will be responsible for his/her daily transportation for the two-week program.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)



## M\*A\*S\*H SCHOOL RECOMMENDATION FORM

*(CONFIDENTIALITY WILL BE HONORED REGARDING INFORMATION SUPPLIED BY SCHOOL PERSONNEL)*

1. Student Name \_\_\_\_\_  
(First) (Middle) (Last)

2. School Name: \_\_\_\_\_ School District \_\_\_\_\_

3. School Address \_\_\_\_\_  
(Street or P.O. Box) (Town) (Zip Code) (County)

4. TEACHER: THIS INFORMATION IS CONFIDENTIAL. Please state why you think this student would benefit from participating in M\*A\*S\*H. Comments should be made regarding the student's abilities and potential for success in a health care environment. Use the space provided, then sign at the bottom of this page.

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Today's date

Printed Teacher Name \_\_\_\_\_

Email \_\_\_\_\_

What subject do you teach? \_\_\_\_\_





**M\*A\*S\*H**

Medical Applications of Science for Health

**FACULTY RECOMMENDATION FORM**

Student Name \_\_\_\_\_  
(First) (Middle) (Last)

1. Include any additional information here from other faculty members **that would assist the screening committee in making their selections.**

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

Printed Faculty Name \_\_\_\_\_



## SCHOOL COUNSELOR ACADEMIC ENDORSEMENT

Student Name \_\_\_\_\_  
(First) (Middle) (Last)

I have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the M\*A\*S\*H program.

\_\_\_\_\_  
Counselor's signature Today's date

\_\_\_\_\_  
Counselor's Printed Name Counselor's Email

Student's Cumulative GPA \_\_\_\_\_

**Attach a legible transcript of this student's grades to this form. Please include any citizenship grades or comments or ACT scores.**

**Note: this student must have taken BIOLOGY (or be currently enrolled) in order to be considered for M\*A\*S\*H.**

**PLEASE MAIL COMPLETED APPLICATION, TRANSCRIPT (MUST INCLUDE CUMULATIVE GRADE POINT AVERAGE) AND SIGNED CONSENT FORMS BY April 1, 2020 TO:**

**M\*A\*S\*H PROGRAM  
Sarah Smith  
ASU-Mountain Home  
1600 S. College St.  
Mountain Home, AR 72653**



## Confidentiality and Hold Harmless Agreement (Minor)

As the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor child, I (We) hereby consent to the participation of said child in a volunteer program and tour at the University of Arkansas for Medical Sciences (UAMS) or other associated Hospital or Facility through the volunteer program. I (We) understand and agree that said child is to abide by all rules and requirements requested by UAMS and to conduct herself/himself in an appropriate manner.

I (We) understand that in the course of the child's participation in this program and tour, he/she may have incidental exposure to confidential information. Confidential information includes all patient, employee, and student information and information of a proprietary, trade secret or otherwise confidential nature. I (We) agree that, during the child's participation in the program and after the conclusion of the program, said child will not disclose the confidential information to any one, including myself/ourselves, in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I (We) hereby consent to and expressly authorize the release of said child's name, hometown and the name of the school said child attends while child is participating in the program. I acknowledge that UAMS may release this information to stakeholders of the M\*A\*S\*H\* Programs, Arkansas Colleges and Universities, and others UAMS deems necessary to further the program. I acknowledge that this is a limited release of confidential student information under the Family Educational Rights and Privacy Release Act ("FERPA").

I (We) understand that there are certain risks inherent to and associated with the activities of any facility in which patient care and research are conducted. I (We) agree on behalf of said child to the assumption of those risks and to not hold the University of Arkansas or its officers, board members, agents or employees responsible for any harm or injury from any cause, which may befall said minor child related to or arising out of the child's participation in the program and/or tour of UAMS or associated facility or hospital and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other person on behalf of said child, or in their own right, arising out of said participation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by said child. I (We) understand and agree that this Agreement is not intended to include a release from harm caused by an individual's criminal conduct or by the conduct of an individual constituting an intentional tort recognized under Arkansas law; and any such criminal conduct or intentional tort is against UAMS policy and therefore outside the scope of the person's employment or relationship with UAMS for which UAMS is not vicariously liable. I (We) agree that these conditions and agreements are binding on all of my (our) heirs, executors, administrators, representatives, assignees and successors in action.

I (We) have read and understand the above and willingly agree to said terms and conditions. This authorization was signed voluntarily with the express understanding that this release will allow access by certain individuals to limited student information about said child that participates in this program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

State relationship to child: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

State relationship to child: \_\_\_\_\_



## Parental/Guardian(s) Consent for Student Participation in M\*A\*S\*H\*

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand that my child has been selected to participate in the Medical Applications of Science for Health (M\*A\*S\*H\*) Program at ASU-Mountain Home and I hereby give my permission for my child to participate in this program. I agree to execute the Confidentiality and Hold Harmless Agreement and to make my child aware of his/her responsibilities included in the Agreement.

\_\_\_\_\_  
Initial

I am aware that regular attendance at the M\*A\*S\*H\* Program and adherence to both ASU-Mountain Home and UAMS policies and procedures will be required of my child.

\_\_\_\_\_  
Initial

I authorize ASU-Mountain Home and UAMS to release my child's name, hometown and the name of the school my child attends while participating in the M\*A\*S\*H Program to certain stakeholders of the program, Arkansas Colleges and Universities and others as they deem necessary to further promote the program.

\_\_\_\_\_  
Initial

I understand that it is my child's responsibility to become familiar with orientation materials.

\_\_\_\_\_  
Initial

I give my permission for my child to participate in a Cardiopulmonary Resuscitation (CPR) course which may include a risk of physical strain, the possibility of cross infection, or emotional stress. If my child has a medical history that may be aggravated by this course, I will consult his/her physician to determine if my child should participate in the CPR course.

\_\_\_\_\_  
Initial

I understand that various departments and clinical services at ASU-Mountain Home, BRMC and UAMS Medical Center may allow my child to observe and participate in available and appropriate activities.

\_\_\_\_\_  
Initial

I consent to and authorize ASU-Mountain Home and UAMS to use my child's photograph for education and public relations purposes related to the M\*A\*S\*H\* Program.

\_\_\_\_\_  
Initial

I am aware that my child will be expected to follow instructions, to be punctual, to be courteous, and to avoid unsafe acts. This will include respecting confidentiality, following a specified dress code, and refraining from using a cell phone during the program. I understand that violations of these rules may result in dismissal of my child from the program.

\_\_\_\_\_  
Initial

**Please sign after you have read and initialed all the above statements.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Photography Release Agreement

I, the undersigned, hereby give the University of Arkansas for Medical Sciences, their legal representative, assigns, and those acting on their behalf and with their permission, the right and permission to copyright in any part of the world, to use, reuse, publish and republish, in conjunction with my own or fictitious name, any photograph, film or video tape recording taken of me by the University of Arkansas for Medical Sciences or those acting on their behalf or with their permission, and any reproductions thereof, in any form, whether intentional or otherwise, and may be used in conjunction with any advertising material, for any purposes of trade, advertising, exhibit, publicity, or promotion, without restriction or limitations. I understand that the photographs, film and/or video may be used in news releases, newspapers or magazine articles, television, the UAMS website or social media sites (e.g., Facebook, YouTube).

I hereby release, discharge, and agree to save harmless the University of Arkansas for Medical Sciences, their assigns, legal representatives, agents, and those acting on their behalf and with their permission, from and against any liability resulting from any distortion, blurring, alteration or use in composite form, whether such was intentional or otherwise, which may occur, result, or be produced in the taking of said photography, or by processing or reproduction of the finished product, its publication or the distribution of same.

I waive the right to approve or inspect the recordings, advertising copy, or material used in conjunction therewith.

I hereby warrant that I have read this agreement in its entirety before affixing my signature thereto, and I fully understand the contents therein. I further warrant that I am of legal age and competent to contract my own name as far as the above is concerned.

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

### **I warrant that I am the parent and/or guardian of:**

PRINT NAME \_\_\_\_\_

the person named in the foregoing Release Agreement, and that I am duly authorized to act in his/her behalf. I have read the foregoing agreement in its entirety and I understand its contents. I hereby consent that the photography taken under this agreement may be used for the purposes set forth therein.

DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**STUDENTS: PLEASE KEEP THIS SHEET FOR YOUR RECORDS**