



Hello-

Thank you for your interest in attending the University at Buffalo School of Public Health and Health Professions (UBSPHHP) and the Erie Niagara Area Health Education Center (AHEC) Public Health Summer Camp for incoming sophomore, junior and senior high school students. For 2018, the free, week long summer camp will be held in **August 2018**.

Your completed application, recommendation form, and copy of your most recent progress report or report card, must be submitted to Erie Niagara AHEC in order to be considered. Completed applications can be returned in-person, via email, or mailed. If sent through email, in the subject line please use the following format, "UB Public Health Summer Camp Application: Student First Name and Last Name".

Application Checklist:

- Application Packet
 - Application Form
 - Behavioral Agreement
 - Photo release form
 - Orientation agreement
 - Permission slip
- Personal Statement
- Teacher/Counselor recommendation form
 - *The letter of recommendation must be sent directly to the Erie Niagara AHEC office.*
- A copy of a recent progress report or report card
 - *The progress report or report card should be sent with the completed application*

If you have any questions regarding the summer camp or to return a completed application, please use the information below:

Erie Niagara AHEC
77 Goodell St., Suite 460
Buffalo, NY 14203
Phone: (716) 835-9358
Email: info@erieniagaraahec.org
Website: <http://www.erieniagaraahec.org/>



Public Health Camp Application Form

Student First Name: _____

Student Middle Name (if applicable): _____

Last Name: _____

Preferred Name: _____

Date of Birth (mm/dd/yy): _____

Gender: Male Female Prefer to self- identify: _____

Current Address:

Street: _____

City: _____

State: _____

Zip Code: _____

Student Contact Information:

Student Phone Number: _____

Student Email: _____

Parent/Guardian Contact Information:

Parent First Name: _____

Parent Last Name: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

How would you describe yourself?

Please select all that apply.

- American-Indian/Alaskan Native
- Black/ African American
- White
- Native Hawaiian/Other Pacific Islander
- Asian/ Southeast Asian (specify heritage, for example Chinese, Indian, Indonesian):

Hispanic/Latino (Specify heritage, for example Mexican, Cuban, Puerto Rican):

Prefer to self-specify: _____



Education Background:

High school name: _____

City: _____

In September 2017, I will be in:

- 10th grade
- 11th grade
- 12th grade

Cumulative grade point average (GPA): _____

Expected graduation (mm/yyyy): _____

How did you hear about our program?

- Former Summer Camp Participant
- Teacher
- University at Buffalo
- NYS AHEC System
- Other (Please Specify):

Transportation can be made available for students to travel to the summer camp using the NFTA metro and buses. Students who express need for transportation will have arrangements made prior to the start of the summer camp.

Would you need transportation provided for the summer camp?

- Yes No

Would you need a guest parking pass for the summer camp?

- Yes No

What is your preferred T-shirt size?

- Small Medium
 Large XL
 XXL



UBSPHHP and Erie Niagara AHEC Summer Camp Behavioral Agreement

Upon signing this document, both the parent and student agree to the guidelines set forth, and will abide by the discipline actions issued if this contract is not followed.

- I will be respectful of my fellow campers and all program staff. This means that I will speak to others in a respectful manner and tone of voice.
- I will follow directions of AHEC staff, University at Buffalo Public Health and Health Professions staff, guest speakers, and graduate student volunteers.
- I will not threaten or cause physical harm towards others, including possession of sharp or other dangerous instruments.
- I will respect the personal space of others and keep my body to myself.
- I understand that disrespectful behavior includes, but is not limited to, hitting, punching, kicking, biting, spitting, swearing, lying and refusing to listen to AHEC staff, University at Buffalo Public Health and Health Professions staff, guest speakers, and graduate student volunteers
- I will be respectful of University at Buffalo classrooms and any other location I may visit while attending camp.
- I will not litter, vandalize, steal or destroy items that do not belong to me.

UBSPHHP and Erie Niagara AHEC utilizes the following if any of the above is broken:

First Occurrence – The first occurrence will result in a phone call home. An Erie Niagara AHEC chaperone will explain to the parent/guardian what happened and why such behavior is not acceptable.

Second Occurrence – The second incident may result in immediate expulsion from the camp. Erie Niagara AHEC chaperone and UBSPHHP leads will make final determination for expulsion.

Student Name (Please print): _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Photo and Promotional Release Form

I hereby consent to be interviewed, recorded, photographed, videotaped or filmed by representatives of the University at Buffalo, The State University of New York, UB School of Public Health and Health Professions and Erie Niagara Area Health Education Center for purposes of publication, display or broadcast (print, web, digital display and all other forms of media).

I agree that such interviews, recordings, articles, quotes, photographs, films, audio or video and/or any reproductions of same in any form, are the property of the University at Buffalo and Erie Niagara Area Health Education Center, and I relinquish any present or future claim for reimbursement for said photographic or film reproduction of my likeness or for said testimonials by me.

I hereby release the University at Buffalo and Erie Niagara Area Health Education Center, its affiliates, employees, representatives and agents from any and all claims, demands, costs and liability that may arise from the use of these interviews, recordings, photographs, videotapes or films, and/or any reproductions of same in any form, as described above, arising out of being interviewed, recorded, photographed, videotaped or filmed.

I acknowledge that I have read this consent form in its entirety, or it has been read (or translated) to me, and I have had the opportunity to ask questions about it and understand it.

Date: _____

Student Name (print): _____

Student Signature: _____

*Parent or Legal Guardian name (print): _____

*Parent or Legal Guardian signature: _____

Parent or Legal Guardian name and signature required for individuals under age 18

If you ***do not consent*** to your child being photographed or videotaped please check this box



Parent/Guardian Orientation

Thank you for allowing your child to apply for the University at Buffalo School of Public Health and Health Professions and the Erie Niagara AHEC Public Health Summer Camp. To ensure effective communication about the summer camp, **all students accepted to the summer camp must attend a mandatory orientation with one of their parent or guardians.** The orientation will allow students, parents, and guardians to meet camp staff, learn about camp expectations, ask any additional camp related questions, to meet with University at Buffalo admissions staff, financial aid representatives, and scholarship representatives.

Parent/Guardian Orientation

Date: July 2017

Location: Erie Niagara AHEC office, 77 Goodell Street, Buffalo, NY 14203

Time: TBD

Purpose: To review camp activities and expectations.

I acknowledge that my child and at least one parent or guardian will be in attendance of the mandatory orientation, if my child is accepted to the summer camp.

Date: _____

Student Name (print): _____

Student Signature: _____

Parent or Legal Guardian name (print): _____

Parent or Legal Guardian signature: _____



Permission Slip

Your child is interested in attending the University at Buffalo Public Health and Health Professions Erie Niagara AHEC Summer Day Camp August 2018.

This permission slip does not guarantee that your student will be accepted to the summer camp. Students will be notified about their acceptance after the application deadline has passed and Erie Niagara AHEC chaperones have conducted phone interviews. If your child is accepted to summer camp, a parent or guardian must attend a mandatory orientation July 2018.

Please sign and return the parent/guardian permission slip with your completed application packet acknowledging the dates, time, location of the summer camp events/activities, and that parents/guardians will be required to attend a summer orientation.

Summer Camp Information:

Dates: August 2018

Location: Varied University at Buffalo locations, please see attached schedule.

Purpose: The camp seeks to provide young adults the chance to explore college and career choices in public health and health professions and learn about various public health topics.

Means of Transportation: Daily parental transportation or NFTA.

Camp begins: 9:00 am **Camp ends:** 3:00pm

Chaperones:



Permission Slip (continued)

_____ (student's name)
has permission to attend the University at Buffalo Public Health and Health Professions & Erie
Niagara AHEC Summer Day Camp from August 2018 from 9:00am to 3:00pm each day. I give
my permission for

_____ (student's name) to receive emergency medical treatment. In
an emergency, please contact:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Are there any allergies or medical concerns camp staff should be aware of?

Additional Emergency Contacts:

Name: _____

Relationship to student: _____

Phone Number: _____

Name: _____

Relationship to student: _____

Phone Number: _____



Teacher/Counselor Recommendation

To the candidate: Please print your name legibly below and give this form to the appropriate teacher/counselor.

Candidate name: _____

To the teacher/counselor: The person named above is applying to the University at Buffalo School of Public Health and Health Professions and the Erie Niagara Area Health Education Center (AHEC) Public Health Summer Camp. Please state your thoughts about the candidate's academic and personal qualifications on the other side of this form or attached sheet. Your recommendation will remain confidential. Thank you for your assistance.

Teacher/counselor name (*please print*) _____

Title _____

Name of school _____

School address _____

City _____ State _____ Zip Code _____

Ratings

Compared to other students in the same grade level, how do you rate this student?

	No basis to judge	Below average	Average	Good	Very good	Excellent (Top 10%)	One of the few encountered in my career
Intellectual curiosity							
Creativity							
Expression of ideas (oral and written)							
Academic achievement							
Leadership							
Participation in activities							
Adjustment to new situations							
Work consistent with ability							
Study habits							
Initiative/follow-through							

Background Information

How long have you known the student and in what context?
