Baker University School of Nursing

Dear Applicant to the Baker CARES Program and Parent/Guardian,

Thank you for your interest in the Baker CARES Program. This program is designed for the student who is interested in exploring the profession of nursing through an in-person day program full of hands-on activities and presentations. Thanks to many generous donors and sponsors, there is no cost to participate in the CARES Program.

**Wednesday, July 26th from 8:00 a.m. to 4 p.m.**

The CARES Program will include information about nursing education, and employment/volunteer opportunities.

Seventy-five (75) students will be accepted into the program. If there is a large response of applicants, a wait list will be developed. **Student applicants will be notified primarily by email and/or telephone if they are accepted or placed on the wait list into the program by the end of May.**

Participants will need to uphold the following professional standards during the CARES Program. Participants are expected to:

• Interact and participate in all activities of the CARES Program.

• Access cell phones only during designated breaks and limit use over lunch.

• Wear appropriate clothing (i.e. nice jeans, scrubs or slacks, without rips or holes) and close toe shoes for a professional appearance

• Practice hand hygiene

Please review the following application. All forms are due **Thursday, May 18th, 2023**. Incomplete applications will not be accepted. Please make sure both the student and parent/guardian sign the application. Documents required include:

\_\_\_Part A: Application for Admission

\_\_\_Part B: Personal Experiences

\_\_\_Part C: Written Essay

\_\_\_Part D: Signed Consents

\_\_\_Photo Release Form

Please submit all parts of the application together.

Return the completed application to:

Baker School of Nursing

Cara Bonfiglio

Pozez Education Center OR The application can be emailed to

1500 SW 10th Ave bakercares@stormontvail.org

Topeka, Ks 66606 (Only submit as a PDF or Word document)

**Should questions arise, please feel free to contact**: bakercares@stormontvail.org

**PART A – APPLICATION FOR ADMISSION TO CARES Program**

(Type or neatly write the following information. *Unsigned or incomplete applications will not be accepted.)*

**APPLICANT INFORMATION**

**1. Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last name First Middle

Preferred First Name/ Nickname/ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Current Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number & Street City & State Zip

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Code & Number

**3. Parent/Guardian Name(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last name First

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Area Code & Number Area Code & Number

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Academic Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Name City & State

Grade Beginning Fall 23 (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Personal Information:**

**Age:** \_\_\_\_\_\_\_\_\_\_\_

**T-Shirt size (Circle or Underline your size):** S M L XL XXL

**Have you applied to the CARES Program before? (Circle or Underline)** Yes, year I applied: \_\_\_\_\_\_ No

**How did you hear about the CARES Program?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Accommodations (Please list):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pizza \_\_\_\_\_\_Cheese \_\_\_\_\_Pepperoni \_\_\_\_\_Sausage**

***If you have specific food allergies, please plan on bringing your lunch for the day. We will provide a refrigerator for storage.***

**PART B – Personal Experiences**

(Type or neatly write the following information. Unsigned or incomplete applications will not be accepted.)

**1. Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last name First Middle

**2. Awards/Honors Received (Please list):**

 Type of Award What year?

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**3. Volunteer/Work Information:** List below information concerning volunteer or work experience.

 Place of Volunteer Service/Work Type of Work How long?

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

4. List your extracurricular activities (i.e. Honor Society, Drama Club, etc.)

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part C: Written Essay**

Please include a brief essay with your application answering all three of the following questions (no more than one page in length. You may type your essay on this page or attach it as a separate document).

• What interests you in the CARES Program and what makes you a good candidate?

• Describe any experience you have had with the health care industry.

• Think about a difficult experience in your life. Explain what personal strengths you have that

helped you face the situation.

**Part D: Acknowledgement/Consent**

**Name of applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This signature indicates that if accepted into the CARES Program, you plan to attend. If for some reason, you are unable to attend, please email BakerCARES@bakeru.edu, no later than Monday, June 26, 2023.

This signature indicates that both the applicant and parent/guardian understand that should a participant require medical treatment during the CARES Program, then he/she will be taken to the Emergency Department for treatment. This signature gives consent to treat. Stormont Vail Health and the Baker CARES Program are not liable for accidents, injuries, or property damage or loss.

This signature indicates that the applicant understands & agrees to follow the Professional standards outlined in the application and again below.

Professional Standards:

• I will be interactive and participate in the activities of Baker CARES.

• I will have my cell phone turned off during the day except during breaks and lunch.

• I will wear appropriate clothing to honor a professional appearance (i.e. nice jeans, scrubs or

 slacks, without holes, and closed toe shoes).

• Practice hand hygiene

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Printed Name (If applicant under 18)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature (If applicant under 18) Date

Baker University School of Nursing

**PERMISSION FOR MEDIA / PUBLIC RELATIONS USE OF PHOTOGRAPH AND RELEASE**

**CARE Program PARTICIPANT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*printed name*), give my (or the participant’s) permission to Baker School of Nursing Authority (“Authority”) and its employees, agents, representatives, and other personnel (collectively known as “Personnel”) who are acting on behalf of the Authority to use, exhibit, or publish my (or the participant’s) photograph, likeness, and/or image (collectively known as “Image”), as the Authority deems appropriate, for purposes related to any educational and/or public relations purpose of the Authority, including publicity, marketing, and promotion of the Authority and its various programs without compensation of any nature to me (or the participant). I fully understand my (or the participant’s) image may be copied and distributed by means of various media, including still photographs, video presentations, television, news bulletins, mail outs, billboards or signs, brochures, placement on Authority website, other electronic delivery, or any and all similar publications. I also understand that my (or the participant’s) image may be provided to and/or circulated to the general public and/or the media. I understand that I (or the participant) may be identified in these images and I do not object, though my name (or the participant’s name) will not be published unless I specially agree below:

**\_\_** I DO **\_\_** I DO NOT give permission to the use of my name with these images. (One MUST be checked)

**WAIVER OF APPROVAL AND SURRENDER OF ALL RIGHTS ASSOCIATED WITH THE IMAGES:**

I hereby waive any right to inspect or approve the finished product, or any material in which the Authority may eventually use the images, now or in the future, and without any notice to me (or the participant). I also give the Authority all rights, title and interest, including any copyright, in the images. Further, I agree that all public works made by or for the Authority using the images shall be exclusive property of the Authority. This permission form and release shall be binding upon my (or the participant’s) heirs, successors, assigns, and legal representatives.

**RELEASE:**

I fully understand that the Authority may use the images as it deems appropriate for any purpose as set out in this permission form. I understand, however, the Authority cannot guarantee that any further dissemination of my (or the participant’s) image will be subject to Authority supervision or control. Accordingly, I agree to release the Authority and its Personnel, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or by electronic media from and against any and all claims, damages or liability, arising from or related to the use of the images, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

I understand that this authorization may be revoked in writing at any time, except to the extent the Authority and/or its personnel have already taken action in reliance on this permission form.

I understand that the images released may be subject to re-disclosure by some people and may no longer be protected by federal and state privacy laws related to health information.

My permission for use of my (or the patient’s) images will not expire unless revoked in writing.

**An electronic signature is appropriate for this form.**

**I HAVE READ AND FULLY UNDERSTAND THE CONDITIONS AND IMPACT OF THIS CONSENT FORM.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed/Typed Name of Parent/Guardian Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (Street and/or P.O. Box, City, State & Zip)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship or Authority to act for and sign on behalf of the individual whose photograph/image is subject to this permission form (e.g. guardian or parent [if person is a minor]).

**To revoke this authorization please send a written request with a copy of this form to: Stormont Vail Health; Attention: Baker School of Nursing, 1500 SW 10th Ave, Topeka, KS 66604**