Native H.Y.P.E. – Healthy Young People Empowered
Student Application 2013

Mission

To develop young leaders who make healthy decisions, respect themselves, respect others and serve as positive role models among peers.

What is Native H.Y.P.E.?

Native H.Y.P.E. is a leadership program for American Indian students in Montana, Wyoming or close surrounding areas. Approximately 40 middle school students, entering 7th – 8th grade, will be selected to participate in Native H.Y.P.E. from **July 8th – July 12th** on the Salish Kootenai College campus in Pablo, Montana. Each student selected will be provided meals and lodging during the entire program. Transportation may be available and details will be provided to students who are accepted to participate. Parents are invited to attend the entire program.

Native H.Y.P.E. will promote healthy decision making, positive peer communication, healthy relationships, culture and tradition, physical activity and focus on empowerment. Native H.Y.P.E. will also explore healthcare through exciting hands on experiences led by current healthcare professionals.

What are the requirements to participate in Native H.Y.P.E.?

- Students must be in middle school – entering into the 7th or 8th grade for the 2013/2014 school year.
- Students must live in Montana and Wyoming, or close surrounding areas.
- Students must agree to abide by all Native H.Y.P.E. policies.

All students will be selected by a committee comprised of members of the Native H.Y.P.E. planning group. The selection committee plans to have representation from each reservation and urban area and will review all applications for:

- Leadership questions - answer strength
- Completion of all requirements
- Neatness
- Timeliness

What is the application process for Native H.Y.P.E.?

1. Application must be **received** in the Billings Area Indian Health Service Office **no later than 5:00 pm on May 17th.**
2. Applications must be easy to read and fully completed (checklist provided on the last page). Please call or e-mail if you have any questions on the application – Michelle Brown - (406) 247-7116 or michelle.brown@ihs.gov.
3. The Native H.Y.P.E. selection committee will select approximately 40 participants based on gender and regional representation.
4. Letters notifying applicants of the selection committee results will be mailed by **May 31st**.

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Student Application 2013 – **Due May 17th, 2013**

Name:		Tribe:
Address:	City:	State/Zip:
Phone:	E-mail:	Sex: Male Female
Current GPA:	Grade:	Age:
Parent attending? YES NO Parent Name _____ Male Female		
Please give us your (student) t-shirt size. Circle one size (adult t-shirt sizes): S M L XL XXL		

Leadership Questions – please attach another sheet of paper, if necessary.

1. How would you describe a leader?

2. What does healthy decision making mean to you?

3. Where do you see yourself in 10 years (goals)?

Parent/Guardian Signature:_____Date:_____

Student Signature:_____Date:_____

Please Return Completed Form to: Billings Area Indian Health Service, Health Promotion/Disease Prevention Program, 2900 4th Avenue North, Billings, Montana 59101 **OR** **Fax to:** (406) 247-7224
Attention: Crystal Gust or Michelle Brown

For more information please contact:

Crystal Gust, IHS Health Promotion Coordinator at (406) 247-7131 or crystal.gust@ihs.gov OR
Michelle Brown, IHS Office of Health Care Programs at (406) 247-7116 or michelle.brown@ihs.gov

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Student Contract and Consent Form 2013

Mission

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serve as positive role models among peers.

Student:
I agree to participate in Native H.Y.P.E., a program that will teach me to make healthy decisions, respect myself, respect others and serve as a positive role model to my peers. I understand that I will be asked to practice how I would handle pressures from others and that portions of the Native STAND (Students Together Against Negative Decisions) curriculum will be used to teach me.

As a participant in Native H.Y.P.E., I agree to:

- Be on time and attend all program activities
- Participate to my fullest in all program activities
- Respect the ideas and feelings of others, even if they are different from my own
- Serve as a positive role model among my peers
- Discuss with the adult facilitator any problems, concerns, suggestions or questions I have
- Not drink, possess or use alcohol, drugs or commercial tobacco products
- Treat the facility and grounds with respect
- Treat the staff and other student participants with respect; I will not bully or threaten other students or staff.

I understand that if I do not follow the Native H.Y.P.E. agreement, I will be sent home at my parent/guardian's expense. I understand that this agreement is to keep me safe from harm.

Student Signature: _____ Date: _____

Native H.Y.P.E. – Healthy Young People Empowered
Parent/Guardian Consent Form 2013

Mission

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Parent/Guardian:

My child, _____, has my permission to attend and participate in the Native H.Y.P.E. program on July 8th – July 12th on the Salish Kootenai College campus in Pablo, Montana. I will allow my child to participate in the leadership sessions and understand the nature of the Native STAND (Students Together Against Negative Decisions, http://nativestand.com) curriculum being used, in part, for this program. Discussion and activities will be used to cover age and culturally appropriate information on healthy relationships, peer pressure, suicide prevention, drug and/or alcohol use and human sexuality. This is a parent, school and community responsibility and we want the Native H.Y.P.E. program to support, reinforce and work with you as you teach your child about these topics.

I allow my child to participate in all Native H.Y.P.E. activities and will hold the Native H.Y.P.E. staff, IHS and Salish Kootenai College harmless if an accident occurs. My child has my permission to be treated for injury or illness at the local clinic/hospital. I understand that if my child damages property on the Salish Kootenai College campus that I will pay for the expenses to repair. I understand that if my child does not abide by the program rules that he/she may be sent home at my expense. I hereby give my full permission for him/her to participate in Native H.Y.P.E.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian (print name): _____

Parent/Guardian Phone Number(s): _____

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Participation and Medical Release Form 2013

Student's Name: _____

Parent/Guardian: _____

Address: _____ Phone: _____

_____

Emergency Contact: _____ Phone: _____

**Will you need to take prescription or over-the-counter medication while attending Native H.Y.P.E?

Yes___ No___ If yes, please list: (Include name of medication, dose and frequency)

_____

**Participants will need to be responsible for their own medications during Native H.Y.P.E.

Do you have any medical or physical condition which would interfere with your participation?
(For example: a heart condition, asthma, broken bones)
Yes ___ No ___ Explain: _____
If you have asthma, will you be bringing an inhaler? Yes___ No___

Do you have any medication allergies? Yes ___ No ____ Describe:_____

Do you have any food allergies? Yes___ No_____ Describe: _____

Are you allergic to bee stings? Yes___ No___ If yes, you **MUST** bring a Bee Sting Kit (Epi Pen).

Any other medical information we should be aware of? _____

Family Planning may be discussed. Do you want your child involved with this discussion? YES NO

Health Insurance: (Please provide name, if any): _____

Consent to Release for IHS and Affiliate Organizations

If participant is a minor (18 years old or less)
I hereby approve the participation of my son/daughter in the Native H.Y.P.E. 2013. In the event of illness or accident, I give my consent for him/her to receive medical assistance. Indian Health Service, their agents, volunteers, or any other organizations will not be held liable for accidents or loss of personal property during the academy.

_____ _____

Signature of Parent/Guardian Date

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Consent to Photograph Form 2013

The Native H.Y.P.E. program may video tape and take pictures during program activities. The video and/or pictures will be used for future trainings and public relations. I give consent to the Native H.Y.P.E. program, IHS and other program affiliates to use my picture for future training, recruitment and public relation campaign purposes.

_____ _____

Signature of Participant Date

_____

Print Name of Participant

_____ _____

Signature of Parent/Guardian Date

_____

Print Name of Parent/Guardian

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Application Checklist 2013

_____ Student Application 2013

_____ Student Contract and Consent Form 2013

_____ Parent/Guardian Consent Form 2013

_____ Participation and Medical Release Form 2013

_____ Consent to Photograph Form 2013