

Youth Medical Exploration Application

(YME) formerly known as Sanford Scrubs Club



Contact Information	
Name	
Street Address	
City/ St/ Zip Code	
Cell Phone # Text YES	
E-Mail	
School and Grade	
Parent/Guardian Name	
Parent/Guardian Email	
Parent/Guardian/ Emergency Contact Phone	

Please explain your interest in medical/ health careers and what you hope to gain from participation.

Sanford YME is a HOSA Chapter (Health Occupations Student Association) YME students will be entered as HOSA members unless high school the student attends is a HOSA chapter.

My High School is a HOSA chapter: YES_____ NO_____

Consent of Audiovisual Recording

I am hereby informed that there is audiovisual recording throughout the YME program; I consent to audio and visual recording at any or all times while at Sanford facilities. I understand that recordings containing my image may be used as part of the educational mission of YME.

YES_____ NO_____

Your Commitment

Check one: School year _____ Summer _____

The school year program will be held from 6:30pm to 8:00pm one or two evenings a month during the school year.

Summer program consists of 3 consecutive days in June (to be determined) from 1:00pm to 3:00pm. Attendance to each day is essential.

Your commitment to the program upon acceptance is necessary. One un-excused absence or 2 excused absences will be allowed for the school year program.

I commit to the program's attendance policy. YES_____ NO_____

I acknowledge that Sanford Health is providing me with access to individuals and facilities where individually identifiable health information is protected by state and federal laws and regulations and the policies and practices of Sanford Health. YES_____ NO_____

X

Student's Signature

As parent/guardian of this applicant, I support his/her participation in and commitment to the Sanford YME experience.

X

Parent/Guardian's Signature

Click here to
SUBMIT FORM

Important

- **School Year Program Application Deadline: August 10th**
- **Summer Program Application Deadline: May 10th**

OR follow directions below to submit via email or postal service.

Send completed application by:

Scan/Email:

Kelly.Tollefson@sanfordhealth.org

Fax: 605-312-9837

Or mail: Sanford Health
1305 W 18th St, PO Box 5039, Sioux Falls,
SD 57117-5039
Attention: Kelly Tollefson /Academic
Affairs (route #5203)