

Youth Medical Explorers (YME) Application



Contact Information			
Name:			
Street Address:			
City/ St/ Zip Code:			
Cell Phone:		Text?	YES <input type="checkbox"/> NO <input type="checkbox"/>
E-Mail:			
Post-Secondary Institution:		Year:	
Parent/Guardian Name(s):		T Shirt (unisex) Size:	
Parent/Guardian Email:		Parent/Guardian/ Emergency Contact Phone:	

Please explain your career goals and the areas of interest within health care. What do you hope to gain from participating?

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Consent of Audiovisual Recording Photos	
I am hereby informed that there may be audiovisual recording and photography throughout the YME program. I consent to audio and visual recording or photography at any or all times while at Sanford facilities. I understand that these images containing my image may be used as part of the educational mission of YME.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Attendance	
Summer program consists of 3 consecutive days (June 10-12, 2019) from 1:00pm to 3:00pm. Attendance each day is essential. I can commit to the schedule.	YES <input type="checkbox"/> NO <input type="checkbox"/>
Contract	
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 <input type="checkbox"/> NO <input type="checkbox"/> X <hr/> Student's Signature

Send completed application to:

Scan & Fax: 605-312-9837

Email: kelley.yseth@sanfordhealth.org

Mail: Sanford Health

Attn: Attention: Kelley Yseth / LEAD

2200 E Benson Rd, Route #5203

Sioux Falls, SD 57104