



Sponsors:

Southeast Nebraska Area Health Education Center
Bryan LGH College of Health Sciences
El Centro de las Americas
Asian Community and Cultural Center
Clyde Malone Center
Office of Minority Health and Health Equity/HHS

Lincoln Minority Health Career Fair

Career Fair Location	Event Date	Registration Deadline
BryanLGH College of Health Sciences 5035 Everett Street Lincoln, NE 68506	Friday, July 31, 2009	July 20, 2009

Southeast Nebraska Area Health Education Center (SE-AHEC) and its partners are offering a health career fair for Lincoln minority high school students in grades 9 -12. This career fair will provide an introduction to a wide array of career choices in the health field. Students will interact with various health professionals and learn about career options.

Enclosed is the application packet for the Lincoln Minority Health Career Fair. A complete application includes:

- Student Information
- Releases, Agreements, and Medical Information

All application materials are due July 20, 2009

Please Mail or Fax Completed Application to:

Lincoln Minority Health Career Fair
Southeast Nebraska Area Health Education Center
5109 West Scott Street, # 408
Beatrice, NE 68310
(402) 228-9093, Fax (402) 228-9095

Lincoln Minority Health Career Fair

July 31, 2009

STUDENT INFORMATION

Date: _____ Date of Birth: _____

Name: _____
Last Name First Name Middle Initial

Address: _____
Street City County Zip Code

Gender: Male Female

Email Address (To receive career fair updates): _____

Racial/Ethnic Heritage (Check One):

- | | |
|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American/Alaska Native |
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other |
| <input type="checkbox"/> More than one race | |
| <input type="checkbox"/> Hispanic/Latino & Amer. Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino & Black/African American |
| <input type="checkbox"/> Hispanic/Latino & Asian | <input type="checkbox"/> Hispanic/Latino & Native Hawaiian |
| <input type="checkbox"/> Hispanic/Latino & White | <input type="checkbox"/> Hispanic/Latino & Unknown |

Parent(s) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of High School: _____

Grade in School entering Fall of 2009: 9th 10th 11th 12th

School Address: _____
Street City Zip Code

Counselor's Name: _____

Phone: _____ Email: _____

Check the box if you're interested in participating in a job shadowing program.

WAIVER RELEASE AND COVENANT NOT TO SUE - Parental Consent

I, for and in consideration of my minor child participating in the Lincoln Minority Health Career Fair conducted by Southeast Nebraska AHEC and their affiliates, do hereby waive, release, forever discharge and forever covenant not to sue Southeast Nebraska AHEC or their affiliates or any directors, employees, or agents, or Board of Trustees or any employees, based upon any claims, rights, liabilities or whether on or off the property of said BryanLGH College of Health Sciences and Southeast Nebraska AHEC, or affiliates whether resulting from my own negligence, the negligence of my own child or that of another child, that of any party released herein, or that of a third party.

I give my child permission to apply for participation in the Lincoln Minority Health Career Fair.

Signature of Parent/Guardian: _____

PHOTOGRAPHY/VIDEO/MEDIA RELEASE

I give permission to Southeast Nebraska AHEC to use my child's picture for other health career promotional materials.

Signature of Parent/Guardian: _____ Date: _____

MEDICAL INFORMATION

In the event that your child should need medical attention while attending the Minority Health Career Fair, we will attempt to contact you first. However, if you cannot be reached, we would appreciate your permission to treat your child at the nearest Emergency Care Facility.

Signature of Parent/Guardian: _____ Date: _____

Father's Name: _____

Daytime Phone: _____ Cell Phone: _____

Mother's Name: _____

Daytime Phone: _____ Cell Phone: _____

Family Physician: _____

Physician Phone: _____

Is student taking any medication? **Yes** ___ **No** ___ **If yes, please list:**

Does the student have any physical disabilities or restrictions (such as wheel chair use, or meal restrictions) that would need consideration when planning the Lincoln Minority Health Career Fair? **Yes** ___ **No** ___.

If yes, please indicate below: _____

