



KAISER PERMANENTE[®]
Kaiser Permanente Northwest | KP YEAH!

**Kaiser Permanente Youth Exploration Academy in Healthcare (KP YEAH!)
Application Overview**

KP Youth Exploration Academy in Healthcare (KP YEAH!) is a paid, four week-long, interactive exploration program for high school students. The program focuses on providing high school students with exposure to Kaiser Permanente's integrated healthcare system while promoting access to higher education, career readiness and introduction to various healthcare pathways.

During this experience, participants gain transferrable work skills and health care career exposure through administrative experiences and simulated clinical experiences.

Basic Eligibility Requirements:

- High school students entering their 11th or 12th grade year in Fall 2018 and seniors graduating in Spring 2018
- Have a minimum cumulative GPA of 2.5 on a 4.0 scale (weighted)
- Have an interest in healthcare careers
- Reside in the Kaiser Permanente Northwest service area and attend an eligible high school

If you meet the basic eligibility requirements, you are strongly encouraged to apply.

Selection Criteria:

Applications are evaluated based on the selection criteria below. While academic achievement is considered, the evaluation focuses primarily on non-academic information.

- Engagement in activities (extracurricular, community service, and/or work)
- Commitment to a career in health care
- Character qualities (as shared in your personal statement and letters of recommendation)
- Diversity characteristics
- Economic and/or social disadvantage

Applicants will receive additional consideration for any of the following:

- Being a first-generation college-bound student (neither parent has graduated from a two- or four-year college).
- Demonstrating financial need (e.g., at or below 185% of the federal poverty guideline).
- Speaking English plus a second language fluently.
- Being a member of a diverse population, including racial/ethnic populations underrepresented in health care. Students who identify as Black or African American, Hispanic/Latino, Native American, Asian/Pacific Islander, lesbian, gay, bisexual, transgender, queer, or those with a disability are encouraged to apply.
- Engaging in organized health and wellness activities at school and/or school-based health center activities.
- Regularly volunteering or working in a public health setting such as a free clinic or health education organization.

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How to Apply:

1. Complete the KP YEAH! program application (attached). **PLEASE WRITE NEATLY IN BLUE OR BLACK INK.**
 - a. If you will be under the age of 18 on July 1, 2018, complete a Minor Consent Form with your legal guardian.
2. Type your personal statement (see *below*). Head your paper with your name and contact information.
3. Request your official high school transcript from your school counselor (DO NOT OPEN ONCE RECEIVED)
4. Request two (2) letters of recommendation from trusted adults NOT RELATED TO YOU who can speak positively about your character. Each letter must be sealed with the adult's signature across the back of the envelop (DO NOT OPEN ONCE RECEIVED). (Examples of trusted adults: teacher, counselor, employer, coach, pastor, mentor, volunteer coordinator, etc.)
5. **Submit your application materials in one packet by mail to:**
ATTN: DIVERSE TALENT PLANNING ASSOCIATE, KPB-13
Kaiser Permanente, Integrated Talent Planning
500 NE Multnomah Street
Portland, OR 97232

ALL APPLICATION PACKETS MUST BE RECEIVED BY FRIDAY, FEBRUARY 9TH, 2018.
Applications received after this date will not be considered.

Personal Statement:

In 750 words or less, type a personal statement to help us determine if this program is right for you. Write about yourself and your goals. In your writing, consider sharing the following:

1. What education or career path(s) are you currently interested in? Why?
2. What about healthcare is of interest to you?
3. How have you been impacted by: a) your family's background or educational history, and b) your surrounding environment or community?
4. Why do you think you should be selected to participate in this program?

COMPLETE APPLICATION CHECKLIST:

- Program Application (signature required on page 7 of application)
- Parent/Legal Guardian Consent Form (if applicable)
- Personal Statement
- Official High School Transcript
- 2 Letters of Recommendation



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If you have any questions about the KP YEAH! Program, please call 503-813-4682.

THIS COMPLETED APPLICATION MUST BE RECEIVED BY FEB. 9TH, 2018.

KP YEAH PROGRAM APPLICATION

(PLEASE PRINT IN BLUE OR BLACK INK)

Please complete and submit the following documents with the necessary signatures:

- Program Application (signature required on page 7 of application)
- Parent/Legal Guardian Consent Form, if applicable (page 8)
- Typed Personal Statement
- Official High School Transcript (SEALED)
- 2 Letters of Recommendation (SEALED with signatures across the seal)

PERSONAL DATA

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF BIRTH	AGE
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ADDRESS

CITY	STATE	ZIP
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E-MAIL ADDRESS	PHONE	OTHER PHONE
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Have you ever been employed by Kaiser Permanente or any other Kaiser organization? Yes No
 IF YES, PLEASE SPECIFY WHICH LOCATION, DEPARTMENT AND ORGANIZATION:

EMPLOYMENT DURATION	POSITION HELD	NAME USED
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Are you or have you ever been a Kaiser Permanente volunteer? Yes No
 IF YES, WHEN AND WHERE:

Do you have a parent, stepparent or legal guardian working for Kaiser Permanente? Yes No
 IF YES, PLEASE SPECIFY YOUR RELATIONSHIP WITH THAT PERSON AND WHICH DEPARTMENT HE OR SHE WORKS IN:

If hired, you will be required to furnish proof that you are legally authorized to work for Kaiser Permanente in the United States. Please visit the following website to review acceptable employment eligibility documents:
<http://www.uscis.gov/files/form/i-9.pdf>.
 Yes No



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TIME COMMITMENT
The program is scheduled to begin Monday, July 2 nd and end Friday, July 27 th , 2018. Will you be available every week day to participate in the program? <input type="checkbox"/> Yes <input type="checkbox"/> No (List any conflicts):
Each day, the program is scheduled to start at 9:00 AM and end at 3:00 PM. Are you able to participate for the entire length of the program daily? <input type="checkbox"/> Yes <input type="checkbox"/> No (List any conflicts):

EDUCATION INFORMATION	
CURRENT SCHOOL NAME:	CITY OF CURRENT SCHOOL
GRADE YOU WILL COMPLETE THIS YEAR: <input type="checkbox"/> 10 TH Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade	
CUMULATIVE GRADE POINT AVERAGE (GPA):	
PLEASE ALSO SEE INSTRUCTION PAGE FOR SUBMITTING OFFICIAL TRANSCRIPT	

EMPLOYMENT / VOLUNTEER / LEADERSHIP EXPERIENCE (you may attach a resume or additional page, if you need more space)		
Company Name, Address & Phone	Dates Employed	Job Title and Duties Performed
	Started: Ended:	Title: Duties:
	Started: Ended:	Title: Duties:
	Started: Ended:	Title: Duties:
	Started: Ended:	Title: Duties:
	Started: Ended:	Title: Duties:
	Started: Ended:	Title: Duties:
	Started: Ended:	Title: Duties:



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LANGUAGE PROFICIENCY (other than English)			
LANGUAGE	READ	WRITE	SPEAK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMERICAN SIGN LANGUAGE Yes No

SKILLS		
Please indicate with an 'X' if you have completed the following types of projects in the past:	YES	NO
Created a PowerPoint or other computer-based presentation		
Completed a verbal presentation in front of 5 or more people		
Entered data into an Excel spreadsheet or other database software		
Calculated data while using Excel or other database software		
Used Microsoft Access to enter or retrieve information		

REFERENCES			
PLEASE LIST THE TWO PEOPLE WHO WILL PROVIDE YOUR REQUIRED LETTERS OF RECOMMENDATION (PLEASE ALSO SEE INSTRUCTION PAGE FOR SUBMITTING LETTERS OF RECOMMENDATION)			
NAME	PHONE NUMBER	OCCUPATION	HOW DOES THIS PERSON KNOW YOU?

SPECIAL INTERESTS		
Please check which career fields interest you:		
In preference order, list three careers in healthcare that interest you the most If you are unsure or undecided, you may leave this section blank		
1.	2.	3.
Have you been exposed to careers in health care? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, HOW?		



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BACKGROUND

How would you identify your ethnicity?

- American Indian or Alaskan Native (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- White (not Hispanic or Latino)
- Two or more ethnicities
- Other (please specify): _____

What is the best estimate of your family's household income? (before taxes from all sources)

- \$0,000 - \$19,999 \$20,000 - \$34,999 \$35,000 - \$49,999 \$50,000 - \$64,999 \$65,000 - \$79,999
- \$80,000 - \$94,999 \$95,000 & higher

How many people live within your household?

- 1-2 3-4 5-7 8 OR MORE

REFERRAL

How did you learn about the KP YEAH! program?

- | | |
|--|---|
| <input type="checkbox"/> Instructor/Teacher or School Counselor | <input type="checkbox"/> Family member |
| <input type="checkbox"/> Friend from the same school | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Friend from a different school (list school: _____) | <input type="checkbox"/> Kaiser Permanente Employee (name: _____) |
| <input type="checkbox"/> Youth program (list program: _____) | <input type="checkbox"/> Other (please specify): _____ |



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APPLICANT STATEMENT

To the Applicant:

Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals (KFHP/H), KFHP/H's subsidiaries, Permanente Dental Group, Northwest Permanente Medical Group, and the Permanente Medical Group, Inc. ("Kaiser Permanente") are equal opportunity and affirmative action employers. All qualified applicants will receive consideration for the KP Youth Exploration Academy in Healthcare ("KP YEAH") without regard to race, color, religion, sex, national origin, sexual orientation, protected veteran status, or disability status. Qualified applicants with arrest and/or conviction records will be considered for KP YEAH in a manner consistent with federal, state and local laws.

Kaiser Permanente provides applicants who have disabilities with reasonable accommodations to assist in the application process. Applicants requiring accommodations should contact the KP YEAH Program Contact (contact information listed on application instruction page). Kaiser Permanente is a smoke-free workplace. This document must be completed in its entirety before an offer to participate in the program can be authorized.

I understand that the Kaiser Permanente Youth Exploration Academy in Healthcare (KP YEAH) Program guidelines for eligibility require that I must be a high school student entering either 11th or 12th grade in Fall 2018 or high school senior graduating in Spring 2018. If I am under the age of 18, I must obtain the consent of a parent or guardian.

This application is submitted with the understanding that all program participation offers are conditional and will not be confirmed until satisfactory completion of a pre-employment health screening and urinalysis drug test. I hereby consent to such required screening and drug testing, if over the age of 18.

I hereby authorize Kaiser Permanente to solicit all information relevant to this application. This authorization includes but is not limited to, my academic background, my references, and my employment history. If I am over 18, I also understand that I will be required to complete the Kaiser Permanente Authorization to Provide Background Check Report and Release in addition to this application and that Kaiser Permanente will perform a criminal background check. I authorize and request all persons, schools, employers governmental, law enforcement and other agencies to release such requested information to Kaiser Permanente.

I also understand that all offers into this program are contingent upon receipt of satisfactory verification of all of the above information including verification of my ability to perform the essential functions of the position that I have applied for.

I certify that the answers I have provided above are true, correct and complete and that I have not knowingly withheld any facts. I understand any falsification, misrepresentation or omission of facts are sufficient reasons for disqualification from further consideration for program participation or dismissal at any time during participation should I be invited into the KP YEAH Program at Kaiser Permanente.

I also understand that if I am employed by Kaiser Permanente, my employment can be terminated at any time with or without cause and with or without notice.

I understand that a copy of this document is available to me if I so desire.

APPLICANT'S SIGNATURE:

DATE:



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PARENT / LEGAL GUARDIAN CONSENT FORM
(To be completed if Applicant will be under 18 on July 1, 2018)

We are pleased to consider your child for the **KP Youth Exploration Academy in Healthcare (KP YEAH!) Summer Program.**

Please complete this parental/legal guardian consent form and have your child return it with his/her completed KP YEAH application packet. Thank you for your cooperation.

My child, _____
 (PRINT CHILD'S FULL NAME HERE)

has my consent to participate in the KP YEAH Summer Program should he/she be selected as participant. I assume all responsibility for his/her service in this program to be in accordance with the policies, procedures, and expectations of Kaiser Permanente employees. (For the purpose of this form, Kaiser Permanente includes Kaiser Foundation Health Plan of the Northwest and Kaiser Foundation Hospitals.)

I have reviewed the description of the KP YEAH Summer Program. My child may participate in all activities relating to his/her assigned duties, with or without accommodation.

By signing below, I attest that I have read and understand that I am consenting to the following:

- I hereby authorize Kaiser Permanente Northwest to solicit all information relevant to my child's application. This authorization includes an academic background check, employment history and a reference check. I authorize and request all persons, schools, employers, governmental and other agencies to release such requested information to Kaiser Permanente Northwest.
- In the event I cannot be contacted, I hereby give permission for Kaiser Permanente Northwest to administer emergency health care to my child.
- I give Kaiser Permanente Northwest permission to furnish transportation and to transport my child to special events or as needed as a condition of this program. I, forever release Kaiser Permanente and any affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims or demands for injury, death or property damage related to my child being transported as part of the KP YEAH Summer Program.

This permission is valid only during the student's participating hours at Kaiser Permanente Northwest and for the duration of the KP YEAH Summer Program to which my child is applying, with the exception of any photographs/video recordings taken as they may be granted use by Kaiser Permanente Northwest to be used after the summer program ends.

PARENT/GUARDIAN FIRST AND LAST NAME:	
Primary contact number:	Alternate contact number:
Parent/Guardian Signature:	DATE: