**Camp CHLA 2022 Application Form**

The purpose of this form is to assist you in preparing your application for Camp CHLA 2022.

This is NOT your official application. Do NOT email it us. It is a tool to help you prepare to fill out the online application when the portal opens. Thank you!

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| **Application Form** |
| Please fill out all the required information and make sure that the information is accurate and complete. |
| **First Name:** |  |
| **Last Name:** |  |
| **What is your preferred name?** |  |
| **Date of Birth: (mm/dd/yyyy)** |  |
| **Home Address:** |  |
| **City:** |  |
| **State:** |  |
| **Zip:** |  |
| **Home Phone:** |  |
| **Your Cell Phone:** |  |
| **Your Email:** |  |
| **Parent/Guardian Cell Phone:** |  |
| **Parent/Guardian Work Phone:** |  |
| **Parent/Guardian Email:** |  |
| The following questions will only be used for data purposes, your responses will **NOT** determine acceptance into the program. |
| **Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity** |
| Your answers to these questions are confidential. We would like you to tell us your race, ethnicity, language and ability levels so that we can evaluate and improve access to this opportunity. |
| **Race and Ethnicity** |
| 1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**
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| 1. Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.
 | **Hispanic and Latino/a/x**☐Central American ☐ Mexican ☐ South American ☐ Other Hispanic or Latino/a/x**Native Hawaiian and Pacific Islander**☐CHamoru (Chamorro) ☐ Marshallese ☐ Communities of the Micronesian Region☐ Native Hawaiian ☐ Samoan ☐ Other Pacific Islander**White**☐ Eastern European ☐ Slavic ☐ Western European ☐ Other White**Black or African American**☐ African American ☐ Afro-Caribbean ☐ Ethiopian ☐ Somali ☐ Other African (Black) ☐ Other Black**Middle Eastern/North African**☐ Middle Eastern ☐ North African**Asian**☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Communities of Myanmar ☐ Filipino/a ☐ Hmong ☐ Japanese ☐ Korean ☐ Laotian ☐ South Asian ☐ Vietnamese ☐ Other Asian**Other Categories**☐ Other (please list) ☐ Don’t know ☐ Don’t want to answer |
| 1. If you checked **more than one** category above, is there one you think of as your **primary** racial or ethnic identity?
 | ☐ Yes (please list your primary racial or ethnic identity) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ I do not have just one primary racial or ethnic identity. ☐ No. I identify as Biracial or Multiracial. ☐ N/A. I only checked one category above. ☐ Don’t know ☐ Don’t want to answer |
| **Language**1. **a.** What language or languages do you **use at home?**
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| 1. **b.** In what language do you want us to communicate in **person, on the phone, or virtually** with you?
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| 1. **c.** In what language do you want us to **write** to you?
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| 1. a. Do you need or want an **interpreter** for us to communicate with you?
 | ☐ Yes ☐ No ☐ Don’t know ☐ Don’t want to answer |
| 1. b. If you need or want an interpreter, what type of interpreter is preferred?
 | ☐Spoken language interpreter ☐ American Sign Language interpreter ☐ Deaf interpreter for DeafBlind, additional barriers, or both ☐ Contact sign language (PSE) interpreter ☐ Other (please list) <<Free Text>> |
| 1. **(Skip to question 7 if you do not use a language other than English or sign language)** How well do you speak English?
 | ☐ Very Well ☐ Well ☐ Not Well ☐ Not at all ☐ Don’t know ☐ Don’t want to answer |
| 1. Are you deafor do you have **serious difficulty hearing?**
 | ☐Yes <<if yes, at what age did you begin this condition? \_\_\_\_\_\_\_\_\_\_ ☐ Don’t know ☐ Don’t want to answer  |
| 1. Are you **blind** or do you have **serious difficulty seeing,** even when wearing glasses?
 | ☐Yes <<if yes, at what age did you begin this condition? \_\_\_\_\_\_\_\_\_\_\_ ☐ Don’t know ☐ Don’t want to answer  |
| 1. What is your **sexual orientation**?
 | ☐Straight or heterosexual ☐ Lesbian, gay, or homosexual ☐ Bisexual ☐Queer☐ Asexual ☐ Don’t know ☐Don’t want to answer ☐ another, please state: \_\_\_\_\_\_\_\_\_  |
| 1. What are your **pronouns**?
 | ☐He/him ☐ They/them ☐ She/her ☐Another, please state: <<Free text>>  |
| **Parent/Guardian Cell Phone:** |  |
| **Parent/Guardian Work Phone:** |  |
| **Parent/Guardian Email:** |  |
| The following questions will only be used for data purposes, your responses will **NOT** determine acceptance into the program. |
| **Estimated Number of Family in Household:** |  |
| **What is the highest degree held by Parent/Guardian?** | ☐Some High School ☐High School diploma ☐Bachelor’s degree ☐Master’s Degree ☐Doctoral degree ☐ Don’t know ☐ Don’t want to answer  |

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| **Camp Session Dates** |
| The Camp CHLA dates are June 20-24 and August 1-5. You will only be able to attend one camp session. Please provide your first and second choice for dates. If you do not have a preference in which camp you are selected to attend, please choose the option “No Preference.” If you are unavailable for one of the camp dates, please choose the option “Not Available” as your second choice in camp session. Due to the number of campers, we cannot guarantee that you will be selected for your first choice of camp session. We appreciate your flexibility |
| **Please choose your 1st choice of camp session:** | Option 1: June 20-24, 2022Option 2: August 1-5, 2022Option 3: No Preference |
| **Please choose your 2nd choice of camp session:** | Option 1: June 20-24, 2022Option 2: August 1-5, 2022Option 3: No PreferenceOption 4: Not Available |

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| **School Information** |
| **Name of School:** |  |
| **Expected Year of Graduation:** |  |

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| **CHLA Relation (If Applicable)** |
| If you are related to a CHLA employee, be sure to include their information as designated in the CHLA Outlook system for their employment to be verified. If the relative is affiliated with CHLA but does not have a CHLA email, please input their associated work email. |
| If your **parent/guardian** is employed at Children’s Hospital Los Angeles (CHLA), please indicate: |
| **Parent/Guardian Name:** |  |
| **Relationship:** |  |
| **Department at CHLA:** |  |
| **CHLA Email:** |  |
| If a **family member** is employed at Children’s Hospital Los Angeles (CHLA), please indicate: |
| **Family Member Name:** |  |
| **Relationship:** |  |
| **Department at CHLA:** |  |
| **CHLA Email:** |  |

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| **Other Information** |
| **Are you currently a CHLA Junior Ambassador?** | ☐ No ☐ Yes |
| **Have you previously applied to Camp CHLA?** | ☐ No ☐ Yes |
| **If yes, how many times have you previously applied?** |  |
| **Have you previously attended a health care careers program before?** | ☐ No ☐ Yes |
| **If yes, which one(s)?** |  |

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| **Selection Process** |
| Each application will be reviewed by a committee and selection will be based on the completed application form, essay questions, and online recommendation form. Only complete application packets will be reviewed. |
| Please answer all three of the following essay questions. Feel free to use creativity in your responses. It is advised to draft your answers on your computer and then paste them into the spaces below. |

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| **1. Describe why you are interested in attending Camp CHLA. (200-250 words).** |
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| **2. In your opinion, what is the most challenging aspect of being in a diverse environment? What is your approach to understanding the perspectives of others from different backgrounds? (max. 200 words)** |
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| **3. At CHLA, we strive to provide patient and family-centered care. Briefly tell us about a time you needed to understand and include the perspective of others to meet your goal(s). (Note: your answer may come from any experience and does not have to specifically address health care or pediatrics.) (max. 200 words)** |
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| **Recommendation Form (One)** |
| After inputting the email address of the teacher/counselor, you have completed this component of your application. Upon submitting a complete application, your teacher/counselor will be emailed a recommendation form that they have until **March 25th, 2022** to complete.*We highly suggest that you reach out to your teacher/counselor to ensure that they have received the recommendation form via email. If they did not, email* *CampCHLA@chla.usc.edu* *for assistance.* |

\*Any part of this mock application is subject to change\*

If you have any questions, feel free to email us at CampCHLA@chla.usc.edu