

# MASH CAMP 2023

Application due  
date is Friday  
June 9, 2023

Learn about several different  
healthcare careers



Learn about the educational  
requirements, skills, and job duties from  
multiple healthcare professionals

Be involved in several  
different healthcare related  
hands-on activities



## DATES AND LOCATIONS

**Tuesday, July 11<sup>th</sup>:**

North Country Community College  
(Ticonderoga Campus), Ticonderoga, NY

**Thursday, July 13<sup>th</sup>:**

West Glens Falls Fire House  
Queensbury, NY

**Tuesday, July 18<sup>th</sup>:**

Russell Sage College  
(Albany Campus), Albany, NY

**Thursday, July 20<sup>th</sup>:**

Fulton Montgomery Community College  
Johnstown, NY

The application and program  
details can be found on  
our website [hmahec.org](http://hmahec.org).

For questions, please contact Adrienne Cross  
at 518.867.8831 or [across@hmahec.org](mailto:across@hmahec.org).

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# 2023

# MASH Camp

Medical Academy of Science and Health

## MASH Camp Information Sheet

### What is MASH Camp 2023?

MASH Camp 2023 is a program that provides students with the opportunity to explore a variety of careers in health care. Through interactive presentations and hands-on activities, students strengthen their understanding of the health care industry and how they can enter it. There will be four 1-day sessions held at different locations across our region.

### Who Should Apply?

High school students who:

- Will be entering 9<sup>th</sup> through 12<sup>th</sup> grade for the 2023-2024 school year;
- Are considering a career in health care and;
- Want to learn more about what it takes to pursue a health care education.

### MASH Camp 2022 Dates and Locations *(please be sure to select which location best fits you on the application)*

North Country Community College:

Date: Tuesday, July 11<sup>th</sup>

Address: 11 Hawkeye Trail, Ticonderoga, NY 12883

West Glens Falls Firehouse

Date: Thursday, July 13<sup>th</sup>

Address: 33 Luzerne Rd, Queensbury, NY 12804

Russell Sage College:

Date: Tuesday, July 18<sup>th</sup>

Address: 140 New Scotland Ave, Albany, NY 12208

Fulton Montgomery Community College:

Date: Thursday, July 20<sup>th</sup>

Address: 2805 State Highway 67, Johnstown, NY 12095

### No Cost

Each one-day camp includes all activities and lunch. Students attending MASH Camp are responsible for their transportation to and from the camp each day.

### COVID-19 Policies

Students are required to follow all COVID-19 guidelines issued by state and local authorities, as well as the venues. Guidelines are subject to change as updated guidance from NYS and CDC is released. More information will be posted on our website as needed.

### Application Process

Applications are due no later than Friday, June 9, 2023, and must be fully complete to be considered.

Complete application packages will include:

- Mash Camp Application Form
- Student Consent Form
- Parental and Media Consent Form
- Medical Information Form

The application, Parental and Media Consent Form, Student Conduct Form and Medical Information Form can be found on the Hudson Mohawk AHEC website at [www.hmahec.org](http://www.hmahec.org). Each MASH Camp has limited space and applications will be used to determine entry into the program. Late applications will not be accepted. Once the review process has been completed, students will be notified via e-mail advising them of the status of their application. Students may be placed on a waitlist if necessary.



13 British American Blvd, Suite 2  
Latham, New York 12110  
518.867.8388  
[www.hmahec.org](http://www.hmahec.org)

# 2023

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## MASH Camp Application

Must be printed legibly in ink or typed. All information is required.

### Applicant Information

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Prefer Not to Answer \_\_\_\_\_

Name of High School: \_\_\_\_\_

Grade for upcoming school year (2023-2024):

9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>
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(Please circle one)

If you pursue post-secondary education (college or certificate training program), will you be a first-generation college student (neither of your parents attended college)? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about MASH Camp? \_\_\_\_\_

Have you participated in other Hudson Mohawk AHEC programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what program was it? \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Parent/Guardian Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Parent/Guardian Primary Email Address: \_\_\_\_\_

Which MASH Camp are you interested in applying for? Please circle one camp.

Tuesday July 11 <sup>th</sup> at North Country Community College Ticonderoga Campus	Thursday July 13 <sup>th</sup> at West Glens Falls Fire House Queensbury	Tuesday July 18 <sup>th</sup> at Russell Sage College Albany Campus	Thursday July 20 <sup>th</sup> at Fulton Montgomery Community College Johnstown
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### Student Consent (TO BE COMPLETED BY APPLICANT):

I certify that the information given in this application is true and correct. I understand that in order for my application to be considered it must be complete, including: one MASH Camp Application Form, one signed Parental and Media Consent Form, and one signed Student Conduct Form. I also agree to adhere to COVID-19 protocols in place at the time of the camp.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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## MASH Camp Questions

For each of the following topics, clearly explain your thoughts or experiences in paragraph form. Attach additional sheets if necessary. Please type or write legibly. You may use a computer to reproduce this page.

1. What interests you most about seeking a career in healthcare?
2. Why are you interested in participating in MASH Camp?
3. Have you volunteered in or have experience in the health care field? If so, please explain.

All forms are due no later than June 9, 2023.

Return this application via e-mail or mail to the following:

Hudson Mohawk Area Health Education Center

13 British American Blvd, Suite 2

Latham, NY 12110

Attn: Adrienne Cross

[across@hmahec.org](mailto:across@hmahec.org)



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## CODE OF CONDUCT

As a participant in the 2023 MASH Camp, I will:

- be courteous, respectful, and use appropriate behavior and language at all times;
- act in a responsible and professional manner;
- **be attentive in each session and participate in all activities to my highest ability;**
- not use any electronic devices during the camp;
- not be disruptive of presenters or my fellow campers;
- not leave the assigned program at any time without parental consent;
- dress in an appropriate manner;
- clean up after myself in the classroom;
- come to MASH Camp willing to learn and have fun!

By signing this form, I understand and acknowledge that if I do not follow the rules and conduct expectations of MASH Camp, I will be at risk of expulsion from the program.

Participant Name (please print)	Participant Signature
Parent Name	Parent Signature

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## PARENTAL CONSENT

To be completed by parent or guardian:

I give permission for \_\_\_\_\_ to attend MASH Camp 2023.  
NAME OF STUDENT

I agree to and understand the following:

\_\_\_\_ Participants are responsible for their own transportation to the program.

\_\_\_\_ Participants will adhere to COVID-19 protocols that may be in place at the time of the program.

\_\_\_\_ Notification of the accepted students into the camp will be done via e-mail.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA CONSENT AND AUTHORIZATION

I, \_\_\_\_\_ (print name), grant Hudson Mohawk Area Health Education Center (Hudson Mohawk AHEC) permission to include and identify me or my image in any publication, photograph, or audio or visual recordings of any kind and in whatever medium it may use for educational, publicity, and/or fundraising purposes. If I was interviewed by staff from Hudson Mohawk AHEC or any affiliate programs, I also give permission to use my name, my story, and any of my direct quotes for education, publicity, and/or fundraising purposes in any medium. I understand and agree that Hudson Mohawk AHEC retains all rights to the photographs, moving images, sound recordings, and other media, and that I will not be compensated for any Hudson Mohawk AHEC use of same. I hereby waive any right I may have to inspect or approve media that contains my name, image, sound recordings, story, and/or biographical data.

I understand and acknowledge that Hudson Mohawk AHEC and its affiliate programs will rely on this Release and Authorization Form, and I hereby agree not to assert any claim of any nature against Hudson Mohawk AHEC, its employees and agents, and/or affiliate programs relating to the exercise of the permissions granted by this Release and Authorization. I understand and agree the materials developed during this period may be utilized indefinitely. I am signing this Release and Authorization voluntarily and understand that provision of services to me by Hudson Mohawk AHEC and/or its affiliate programs is not conditioned on whether or not I sign it. I also understand that I may revoke this Release and Authorization at any time, in writing, but that a revocation will not impact any use or disclosure made prior to the date the revocation is received.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of Legal Guardian  
(if participant is under 18 years of age)

\_\_\_\_\_  
(Date)



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