



HUCKLEBERRY Youth Programs
Wellness Academy Internship Application
2011-2014

Description:

What is the Huckleberry Wellness Academy?

A unique three and half-year internship that supports students with college and career planning, assists with college applications and offers the chance to work directly with local health professionals. During Year 1, participants receive academic case management and are trained part-time in health education topics from January–May. For Year 2, participants are exposed to a wide variety of health careers and also take part in a health internship. For Year 3, participants receive individualized help with college applications and financial aid, and take part in a part time year-long clinical internship. After graduating high school, alumni continue to receive case management support to encourage a successful first year of college.

Who Should Apply?

- Current sophomores who are interested in a health related career and who are motivated to do better in school.
- Students whose parents/guardians did not attend college as well as those who could use extra support and guidance.
- Open minded, mature students who can commit to a long term program.

Why Should You Apply?

- The Huckleberry Wellness Academy will teach you valuable job skills, help prepare you for college and a well-paying career, and will allow you to see for yourself what a career in health is all about.
- Caring staff will give you lots of encouragement and support with your personal, college and career goals. This is a FUN opportunity to connect with positive youth and adults!

How Often Do We Meet?

- One day per week after school and one Saturday per month.

How do I Apply?

- **Please turn in applications as soon as possible. Interviews will begin immediately.**
- Applications can be turned in by mail/fax/email or in person delivery.
- Deliver or mail to Shauna Moss-Maguire or Erika Flores @ 555 Cole St. SF, CA. 94117
- Turn in to staff at your school's Wellness Center
- Fax to 386.8212
- Email: smoss-maguire@huckleberryyouth.org or eflores@huckleberryyouth.org

Please contact Shauna Moss-Maguire or Erika Flores with questions at 386.9398



Date: _____

Name: Last: _____ First: _____ Middle: _____

Address: _____

Gender: _____

Race/Ethnicity: _____

Home phone/Cell phone: _____

Email: _____

Best time/number to call: _____

Are you currently in school? _____ If yes, what school? _____

What grade are you in this year? _____

If your school uses credit system instead of grade level, how many credits do you have? _____

Parent(s)/Guardian(s) Name(s): _____

Parent(s)/Guardian(s) Work/Cell/Home number(s): _____

Best time/number to call: _____

Will your parent(s)/guardian(s) need translation in order to participate in Wellness Academy events? _____ If yes, in what language? _____

Do you speak any languages other than English? _____

If yes, which ones? _____

Please take the time to answer the following questions honestly and with attention to detail. You may attach an additional sheet of paper if you need more space for any question.

- 1) Why are you interested in a career in health?



- 2) In your opinion, what qualities are needed in order to be successful at any job? Please circle the qualities you think you already have.

- 3) Share a recent example of a time when you showed compassion for someone else.

- 4) What do your friends and family like about you?

- 5) What 3 health issues do you think are most important to your community?
 - a.
 - b.
 - c.

- 6) What are two things you hope to get out of this internship?

- 7) Are you interested in, and available for, employment as a Wellness Academy participant during the 2011-12, 2012-13, and 2013-14 school years (1-2 afternoons per week and 1-2 Saturdays per month)?

- 8) What other activities or time commitments will you have over the next two years (work, night school, family, sports, etc)? Please indicate how many days/hours a week each commitment involves.



9) What was the highest level of education your parents achieved? (please circle for both parent/guardian (s) if applicable)

PARENT/GUARDIAN #1

- a) some high-school (no diploma)
- b) high-school graduate
- c) some college
- d) college graduate
- e) post graduate/masters
- f) attended college outside of the US

PARENT/GUARDIAN #2

- a) some high-school (no diploma)
- b) high-school graduate
- c) some college
- d) college graduate
- e) post-graduate/masters
- f) attended college outside of the US

10) Do you qualify for free or reduced lunch?

11) How did you find out about HYP Wellness Academy?

(Please circle one)

- a. Teacher (Please specify)_____
- b. Wellness Center Staff at my school
- c. Friend
- d. Current or Former Wellness Academy student
- e. In class presentation
- f. Huckleberry Youth Programs (Please circle one of the options below)
 - Huckleberry House staff
 - Huckleberry Therapist
 - Huckleberry CARC
 - Huckleberry Health Education staff

Other (Please Specify)_____



San Francisco Huckleberry Wellness Academy
Authorization For Release of Information

To whom it may concern,

I, _____ declare that I am the parent/legal guardian of _____, and that my child is applying to be a participant in the SF Huckleberry Youth Wellness Academy. I authorize this program to receive the quarterly grades and attendance records as well as the yearly STAR test results for my child.

In order to do this, I authorize San Francisco Unified School District to release to this program: quarterly grades, attendance records, and STAR test results of my child to staff of the SF Huckleberry Youth Wellness Academy.

The purpose of the disclosure authorized herein is to:

1. Assist the program in evaluating the student's academic record during the application process.
2. Assist this program in accessing quarterly grade and attendance records:
3. Assist this program in providing academic case management for my child.
4. Provide information necessary for the evaluation of this program.

This authorization can be revoked at any time, if done in writing. If not revoked, this authorization will terminate for applicants accepted to the Wellness Academy on the last day of the Spring 2014 school semester. For applicants not accepted to the program, this authorization will terminate January 31, 2011.

Parent/Guardian

Date

Youth

Date

Wellness Academy Staff member

Date