



2025 Jonesboro Mini MASH APPLICATION CHECKLIST

We are excited about your interest in a health career and your desire to enhance your knowledge and gain experience within this field. Thank you for taking the time to seriously consider this program as you make plans for the summer.

- ✓ **Application deadline: March 21, 2025**
- ✓ Eligible students are those going into the 11th and 12th grades during the 2024-2025 school year. Graduated seniors can apply as well.
- ✓ Complete this application form including all the attached forms. Your school counselor will complete the School Counselor Academic Endorsement and you need to have one teacher complete the Faculty Recommendation Form.
- ✓ Completed applications are to be submitted to the Jonesboro M*A*S*H Director via email.
 - Dylan Tedder, UAMS Northeast Education Coordinator dtedder@uams.edu
- ✓ Students are selected by our admissions committee based on GPA, Student Writing Section, Faculty Recommendation Form, and the School Counselor Academic Endorsement.
- ✓ Accepted students will be asked to wear black scrubs and are responsible to purchase their own this year. These can be purchased at many local stores.
- ✓ **All students who apply should complete the full application and scan and email the completed document to dtedder@uams.edu. Each student that applies will be notified of acceptance by email.**
- ✓ This is a **FREE** program for students, thanks to community donations, Arkansas Farm Bureau support from the M*A*S*H Partnership and UAMS Regional Programs.



2025 APPLICATION
Jonesboro Mini-MASH June 9-13, 2025
Application Deadline: March 21, 2025

Student Information (Please print clearly)

Name: _____
Last First Middle initial

If you go by a name other than your legal name, you may list it here: _____

Student Cell Phone Number: _____ Home Phone Number: _____

Personal Email: _____

*Please note: This email will be used to notify you of acceptance and next steps, so make sure it's an email that you check regularly

Home Address: _____
Street or P.O. Box

City

State

Zip code

Date of Birth: _____ / _____ / _____ Last four digits of SS# _____
Month Day Year

Medically Underserved Community: (Circle one) Yes / No / Unsure

Hometown Location (Circle one): Rural/Urban

From Disadvantaged Background? (Circle one) Yes / No / Unsure

****Explanation -**

Disadvantaged

· 1st Generation to attend college

· From high school with low SAT/ACT Scores or below the average state test results (School's numbers)

· From school district where 50% or less of graduates go to college

· Diagnosed physical/mental impairment that substantially limits participation in education experiences

· English is not primary language and language is still a barrier to academic performance

Veteran Status (Circle One): Not a Veteran Active-Duty Reservist Veteran National Guard

Have you participated in M*A*S*H before? Yes No

Have you applied to any other M*A*S*H programs this year? Yes No

*If yes, please specify which program(s): _____

T-shirt Size (circle one): S M L XL 2X



Education Information (Please Print Clearly)

Name of High School: _____ Current GPA: _____

School Mailing Address: _____
(Street or P.O. Box) (Town)

Current Grade Level: _____ Year You Will Graduate: _____

What health career(s) are you MOST interested in? _____

Dietary / Medical Conditions

Please, list any food allergies or dietary restrictions you have: _____

Do you have any medical conditions, including pregnancy, we should be aware of? Yes No

*If yes, please specify _____

*Please note: For your safety, we ask that you tell us about any medical conditions. This information will NOT disqualify you from the program.

Parent or Guardian Information

Name: _____

Home Address: (Write same if it is the same as the student)

Home/Work phone number: _____ Cell phone number: _____
Area code/number Area code/number

Is this parent/guardian the emergency contact? Yes / No

Emergency Contact Name: _____ Emergency Contact Cell Phone: _____



Disciplinary Policy

M*A*S*H faculty and staff aim to maintain a safe, positive, and educational environment for all participants. Certain behaviors can result in your immediate dismissal from the M*A*S*H program and the notification of your parent/guardian. These behaviors include, but are not limited to:

- Deliberate violation of UAMS's or a host facility's safety rules or policies
- Possession of alcohol and/or illegal drugs
- Being intoxicated or under the influence of any controlled substances
- Use of tobacco products or e-cigarettes during program hours
- Violation of dress code or cell phone policy
- Inappropriate language or discussions
- Violation of HIPAA rules and regulations
- Harmful or inappropriate contact or communication with other participants and/or staff
- Deliberate destruction or damage to property
- Unexcused tardiness or absence

Student Acceptance Policy

All of your expenses for M*A*S*H are being paid by the M*A*S*H Partnership, which includes Arkansas Farm Bureau, UAMS and county Farm Bureau organizations. If accepted into the program, you agree to attend the full length of the program you are applying to and to abide by the disciplinary policy. **Please note that this is a day program and that transportation to and from each daily session is your responsibility.**

Signed: _____ Date: _____
(Student)

Parent/Guardian Permission Statement

I hereby grant permission for my son/daughter to apply to this program and for school officials to report my child's achievement and grades. I understand that if my son/daughter is accepted, I/they will be responsible for his/her daily transportation for the one-week program.

Signed: _____ Date: _____
(Parent/Guardian)



Student Writing Section – Please make handwriting legible or attach your typed responses.

List your significant **school** activities, achievements, and awards of the past two years:
(Please write neatly)

List your significant **non-school** (community, church, etc.) achievements of the past two years. Also, describe any jobs or duties you have at home or school that demonstrate your level of commitment to a task.

Please write in your own words why you are interested in attending M*A*S*H (Medical Application of Science for Health) and why you want to learn about health careers. Your response to this question is very important in the selection process.



Photography Release Agreement

I, the undersigned, hereby give the University of Arkansas for Medical Sciences, their legal representative, assigns, and those acting on their behalf and with their permission, the right and permission to copyright in any part of the world, to use, reuse, publish and republish, in conjunction with my own or fictitious name, any photograph, film or video tape recording taken of me by the University of Arkansas for Medical Sciences or those acting on their behalf or with their permission, and any reproductions thereof, in any form, whether intentional or otherwise, and may be used in conjunction with any advertising material, for any purposes of trade, advertising, exhibit, publicity, or promotion, without restriction or limitations. I understand that the photographs, film and/or video may be used in news releases, newspapers or magazine articles, television, the UAMS website or social media sites (e.g., Facebook, YouTube).

I hereby release, discharge, and agree to save harmless the University of Arkansas for Medical Sciences, their assigns, legal representatives, agents, and those acting on their behalf and with their permission, from and against any liability resulting from any distortion, blurring, alteration or use in composite form, whether such was intentional or otherwise, which may occur, result, or be produced in the taking of said photography, or by processing or reproduction of the finished product, its publication or the distribution of same.

I waive the right to approve or inspect the recordings, advertising copy, or material used in conjunction therewith.

I hereby warrant that I have read this agreement in its entirety before affixing my signature thereto, and I fully understand the contents therein. I further warrant that I am of legal age and competent to contract my own name as far as the above is concerned.

Date: _____

Print Name

Signature

I warrant that I am the parent and/or guardian of:

PRINT NAME _____ the person named in the foregoing Release Agreement, and that I am duly authorized to act in his/her behalf. I have read the foregoing agreement in its entirety, and I understand its contents. I hereby consent that the photography taken under this agreement may be used for the purposes set forth therein.

Date: _____

Print Name

Signature



Confidentiality and Hold Harmless Agreement (Minor)

As the undersigned parent(s) or legal guardian(s) of , a minor child, I (We) hereby consent to the participation of said child in a volunteer program and tour at the University of Arkansas for Medical Sciences (UAMS) or other associated Hospital or Facility through the volunteer program. I (We) understand and agree that said child is to abide by all rules and requirements requested by UAMS and to conduct herself/himself in an appropriate manner.

I (We) understand that during the child’s participation in this program and tour, he/she may have incidental exposure to confidential information. Confidential information includes all patient, employee, and student information and information of a proprietary,

trade secret or otherwise confidential nature. I (We) agree that, during the child’s participation in the program and after the conclusion of the program, said child will not disclose the confidential information to anyone, including myself/ourselves, in any way or in any form without the specific written authorization of UAMS except as may be required by law.

I (We) hereby consent to and expressly authorize the release of said child’s name, hometown and the name of the school said child attends while child is participating in the program. I acknowledge that UAMS may release this information to stakeholders of the M*A*S*H* Programs, Arkansas Colleges and Universities, and others UAMS deems necessary to further the program. I acknowledge this is a limited release of confidential student information under the Family Educational Rights and Privacy Release Act (“FERPA”).

I (We) understand there are certain risks inherent to and associated with the activities of any facility in which patient care and research are conducted. I (We) agree on behalf of said child to the assumption of those risks and to not hold the University of Arkansas or its officers, board members, agents, or employees responsible for any harm or injury from any cause, which may befall said minor child related to or arising out of the child’s participation in the program and/or tour of UAMS or associated facility or hospital and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify, and hold said entities and persons harmless from the claims or causes of action asserted by any other person on behalf of said child, or, arising out of said participation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by said child. I (We) understand and agree that this Agreement is not intended to include a release from harm caused by an individual’s criminal conduct or by the conduct of an individual constituting an intentional tort recognized under Arkansas law; and any such criminal conduct or intentional tort is against UAMS policy and therefore outside the scope of the person’s employment or relationship with UAMS for which UAMS is not vicariously liable. I (We) agree these conditions and agreements are binding on all my (our) heirs, executors, administrators, representatives, assignees, and successors inaction.

I (We) understand that my child is responsible for transportation to and from the M*A*S*H location. Although transportation between locations may be provided by UAMS staff for various activities, I (we) further understand transportation between the M*A*S*H location and off-site program locations is the responsibility of the student. I (We) further understand that students may carpool to each location with another licensed student driver. Should I (We) choose to not have my student carpool or limit them to riding with only one particular student, I will notify the M*A*S*H Director of my decision.

I (We) have read and understand the above and willingly agree to said terms and conditions. This authorization was signed voluntarily with the express understanding this release will allow access by certain individuals to limited student information about said child that participates in this program.

Signature _____ Date: _____

State relationship to child: _____

Signature _____ Date: _____



Parental/Guardian(s) Consent for Student Participation in M*A*S*H

Name of Child:	Date of Birth:	Initial each box
<p>I understand that if my child is selected to participate in the Medical Applications of Science to Health (M*A*S*H*) Program at a designated camp site that I hereby give my permission for my child to participate in this program. I agree to execute the Confidentiality and Hold Harmless Agreement and to make my child aware of his/her responsibilities included in the Agreement.</p>		
<p>I am aware that regular attendance at the M*A*S*H* Program and adherence to UAMS policies and procedures will be required of my child.</p>		
<p>I authorize UAMS to release my child's name, hometown, and the name of the school my child attends while participating in the M*A*S*H Program to certain stakeholders of the program, Arkansas Colleges and Universities and others as they deem necessary to further promote the program.</p>		
<p>I understand that it is my child's responsibility to become familiar with orientation materials.</p>		
<p>I understand that various departments and clinical services at St. Bernards Medical Center & UAMS Northeast may allow my child to observe and participate in available and appropriate activities.</p>		
<p>I consent to and authorize UAMS to use my child's photograph for education and public relations purposes related to the M*A*S*H* Program.</p>		
<p>I am aware that my child will be expected to follow instructions, to be punctual, to be courteous, and to avoid unsafe acts. This will include respecting confidentiality, following a specified dress code, and refraining from using a cell phone during the program. I understand that violations of these rules may result in dismissal of my child from the program.</p>		

Sign after you have read and initialed all the above statements.

Print Name

Relationship to Child

Signature

Date



School Counselor Academic Endorsement

Student Name _____
(First) (Middle) (Last)

I have discussed pertinent information on this form with this student and agree he/she is genuinely interested in participating in the M*A*S*H program.

Counselor's signature

Today's date

Counselor's Printed Name

Counselor's Email

Student's Cumulative GPA: _____

Note: This student must have taken Biology (or be currently enrolled) to be considered for M*A*S*H.

Please scan and email this application with all of it's completed sections and signatures to the email below.

Jonesboro Mini-MASH Director:

Dylan Tedder, UAMS Northeast Education Coordinator, dtedder@uams.edu



Faculty Recommendation Form

Student Name _____
(First) (Middle) (Last)

School Name: _____ School District _____

Please include brief information here from yourself or other faculty members of why you think M*A*S*H would be a good program for this student to participate in. The answer can be written here or typed and attached.

Faculty Signature

Date

Printed Faculty Name