

Camp CHLA 2024 Application Form

The purpose of this form is to assist you in preparing your application for Camp CHLA 2024.

It represents what you will see when the application portal opens **December 15th, 2023.**

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!

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?	
2. Which of the following describes your racial or ethnic identity? Please check ALL that apply.	<p>Hispanic and Latino/a/x</p> <p><input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic or Latino/a/x</p> <p>Native Hawaiian and Pacific Islander</p> <p><input type="checkbox"/> Chamoru (Chamorro) <input type="checkbox"/> Marshallese <input type="checkbox"/> Communities of the Micronesian Region <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander</p>

	<p>White <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White</p> <p>Black or African American <input type="checkbox"/> African American <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somali <input type="checkbox"/> Other African (Black) <input type="checkbox"/> Other Black</p> <p>Middle Eastern/North African <input type="checkbox"/> Middle Eastern <input type="checkbox"/> North African</p> <p>Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Communities of Myanmar <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian</p> <p>Other Categories <input type="checkbox"/> Other (please list) <<Free Text>> <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer</p>
<p>3. If you checked more than one category above, is there one you think of as your primary racial or ethnic identity?</p>	<p><input type="checkbox"/> Yes (please list your primary racial or ethnic identity) <<Free Text>> <input type="checkbox"/> I do not have just one primary racial or ethnic identity. <input type="checkbox"/> No. I identify as Biracial or Multiracial. <input type="checkbox"/> N/A. I only checked one category above. <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer</p>
<p>Language 4. a. What language or languages do you use at home?</p>	
<p>4. b. In what language do you want us to communicate in person, on the phone, or virtually with you?</p>	
<p>4. c. In what language do you want us to write to you?</p>	
<p>5. a. Do you need or want an interpreter for us to communicate with you?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer</p>
<p>5. b. If you need or want an interpreter, what type of interpreter is preferred?</p>	<p><input type="checkbox"/> Spoken language interpreter <input type="checkbox"/> American Sign Language interpreter <input type="checkbox"/> Dead interpreter</p>

	<input type="checkbox"/> for Deaf Blind, additional barriers, or both <input type="checkbox"/> Contact sign language (PSE) interpreter <input type="checkbox"/> Other (please list) <<Free Text>>
6. (Skip to question 7 if you do not use a language other than English or sign language) How well do you speak English?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer
7. Are you deaf or do you have serious difficulty hearing?	<input type="checkbox"/> Yes <<if yes, at what age did you begin this condition? <<Free Text <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer
8. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="checkbox"/> Yes <<if yes, at what age did you begin this condition? <<Free Text <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer
9. What is your sexual orientation?	<input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Asexual <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer <input type="checkbox"/> another, please state: <<Free text>>
10. What are your pronouns?	<input type="checkbox"/> He/him <input type="checkbox"/> They/them <input type="checkbox"/> She/her <input type="checkbox"/> 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?	<input type="checkbox"/> Some High School <input type="checkbox"/> High School diploma <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer

Camp Session Dates

The Camp CHLA dates are June 24th-28th and August 5th to 9th. 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 24th-28th, 2024 Option 2: August 5 th to 9 th , 2024 Option 3: No Preference Option 4: Not Available
Please choose your 2nd choice of camp session:	Option 1: June 24th-28th, 2024 Option 2: August 5 th to 9 th , 2024 Option 3: No Preference Option 4: Not Available
Please select the areas/department you are most interested in:	<input type="checkbox"/> Inpatient General Pediatrics <input type="checkbox"/> Intensive Care <input type="checkbox"/> Neonatal Care <input type="checkbox"/> Neurology <input type="checkbox"/> Emergency Department <input type="checkbox"/> Oncology <input type="checkbox"/> Radiology <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Rehabilitation Services <input type="checkbox"/> Cardiology Other: _____
Please select the roles you are most interested in:	<input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Dietitian <input type="checkbox"/> Child Life Specialist <input type="checkbox"/> Occupational/Physical/Speech Therapist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Surgeon/Anesthesiologist <input type="checkbox"/> Social Worker Other: _____
Are you interested in visiting an Operating Room or viewing a procedure during Job Shadowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

School Information

Name of School:	
Expected Year of Graduation:	
Is your school:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Magnet

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:	
4. a.	
CHLA Email:	

Other Information	
Are you currently a CHLA Junior Ambassador?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you previously applied to Camp CHLA?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, how many times have you previously applied?	
Have you previously attended a healthcare career program before?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, which one(s)?	

Selection Process

Each application will be reviewed by a committee and selection will be based on the completed application form and essay questions. 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.

1. Explain why you are interested in attending Camp CHLA. Please include an experience related to healthcare that has sparked your curiosity. (200-250 words)
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)
3. At CHLA, we strive to provide patient- and family-centered care. Describe a personal experience where you supported or advocated for someone or a group of people in need and the resulting impact. (Your answer may come from any experience and does not have to specifically be related to health care) (max. 200 words)

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