In association with Western University of Health Sciences

July 29 - August 12, 2012 Registration deadline May 18, 2012

Complete Application Packet Includes:

Personal and Professional Goals
Medical Consent and Health History

Staff Application

- ☐ Copy of Medical Insurance Card
- ☐ Program Policies and Procedures

Attention: Scott Scoggins
Pitzer College
1050 North Mills
Claremont, CA 91710

OR

Fax: 909.607.8758

Applications will not be processed until ALL information has been received.

Late applications will not be considered. Incomplete applications will not be accepted.

Questions? Contact Scott Scoggins at scott_scoggins@pitzer.edu



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STAFF APPLICATION

STAFF (APPLICANT) COMPLETES THIS SECTION

Please print or type. **Do not leave any blanks**. Enter N/A if not applicable. Blank spaces will be considered incomplete and your application will be denied.

Last Name	First N	lame	Midd	dle Initial		Date of Birth
Applicant Call Phone	_		Gender: N	/lale	Female	Other
Applicant Cell Phone						
Mailing Address		City		State		Zip Code
Home Phone			Email Addres	S		
Shirt Size: Small	Medium	Large	X-Large	☐ 2X-	Large	
School Information						
High School Graduation	Year:					
High School						
College						
Employment History 1.	2. 3.					
Please provide 2 referen	ce letters and atta	ach to applicatio	n.			
Optional Information						
The following questions purposes only.	are optional. The	information you	u provide will be l	cept confid	lential and will be	used for administrative
How did you hear about	us?					
Are you an enrolled men	nber of a tribe?	Yes No	Tribal affiliation:			
Primary language spoke	n					
Secondary language spo	oken					

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PERSONAL AND PROFESSIONAL GOALS

Are you currently enrolled in a junior college or university? Yes No Do you plan to pursue your bachelor's degree? Yes No Do you plan to pursue your master's degree? Yes No
Do you plan to pursue your doctoral degree? If "no" do you plan to: Work Serve in the military Government Other
What academic subjects are interesting to you?
If you could design your own major, what would it be titled and what would the requirements be? Why?
What type of extracurricular activities do you participate in either at school or outside of school? (sports, clubs, band, volunteer organizations, church groups, coaching, etc.)
Have you received any honors, rewards or recognitions from your school, community or tribe? If so, please explain:
Do you anticipate any involvement in tribal government or tribal affiliates?

How do you feel about participating in a human cadaver anatomy lab? Do you have any concerns about seeing a dissected human cadaver? Do you feel that you would be able to support students during the lab?
What time management or organizational skills can you teach the participants?
Do you have experience with academic/creative writing and blogging? If so please explain.
What is your current interest and involvement in social justice?
Do you have any experience with Native populations in the US? If so, please explain:
Do you have experience as a youth mentor? If so please explain.
Do you have expertise in areas such as music, traditional drumming, dance, art, beading, etc.?

If you could create a workshop for the Pipeline program, what would it look like?
If you could have dinner with any 3 people, dead or alive, who would they be and why?
If you were to write a book about your life, what would it be titled and why?
If you could draw a symbol to best describe how you see yourself, what would it look like?
What interests you about Pitzer's Native American Pipeline to College? Why do you want to come? What do you hope to gain from it and what can you offer?
What experience have you had with people of diverse cultural and spiritual backgrounds? What gives you insight into an environment where students from seemingly similar and yet very different backgrounds are brought together?

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MEDICAL INFORMATION

Name:		
Date of Birth:		
Address:		
Home Phone:	Business Phone:	
Emergency Contact 1:		
Name:		Relationship:
Phone:	Address:	
Emergency Contact 2:		
Name:		Relationship:
Phone:	Address:	
Have you had any major illness dur	ing the past year?	_ If so, please explain:
		_ Do you wear glasses or contacts?
		Phone:
Medical Insurance Provider:		Policy Number:

Please attach a copy of your medical insurance card.

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PROGRAM POLICIES AND PROCEDURES

Pitzer's Native A policies, regulati	meric	for each of the following, Ias a potential staff member of an Summer Pipeline to College, agree to the following regulations and understand the consequences if program nd/or procedures are not strictly adhered to. All items must be initialed in the space provided to have my d for the Native American Summer Pipeline to College.
	1.	Commit to completing Pitzer's Native American Summer Pipeline to College entire two week program.
	2.	Comply with Pitzer College dormitory/residency hall rules, as well as Federal, State and Local laws and regulations and not infringe on the rights of others.
	3.	Dress professionally when attending work, class or other related activities.
	4.	Attend all Pitzer's Native American Summer Pipeline to College sponsored trips, recreational activities and planned outings.
	5.	Meet with Pitzer's Native American Summer Pipeline to College Educational Life Director and facilitators as scheduled.
	6.	Refrain from using drugs, alcoholic beverages and smoking at ALL times.
	7.	I understand that I will not be allowed in any non-departmental vehicle.
	8.	Keep dorm room and personal belongings neat and orderly.
	9.	I understand that I am responsible for the payment of repairs or replacement of damaged property.
	10.	Use or possession of weapons is prohibited.
	11.	Keys and Meal Card: Each participant will be issued a key for his/her room and a meal card. A fee of \$150.00 will be charged for a lost key or meal card.
	12.	Supplementary Rules: Program Coordinators have the authority to issue supplementary rules as the need arises. Such rules will be responsible and fair and their rationale will be explained to the participants.
	13.	Attend a three day mandatory training before the Pipeline begins to ensure maximum preparation for the program.
	14.	Attend staff meetings when called by Program Coordinators
	15.	Inform Program Coordinators of any issues/challenges that arise

Print Staff Name Staff's Signature Date

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