

## Student Explorers Registration Steps

**Thank you for your interest in participating in the 2023-2024 Explorers Session. Please see below for instructions on how to apply.**

**1. Complete *Student Registration Forms Attached to this Packet***

**\*\* Fill out all forms** in their entirety. **Do not** leave anything blank. Missing pieces will delay the application being processed.

- 1) *Boy Scouts Membership Form*
- 2) *Expectations & Guidelines* (including T-shirt size)
- 3) *Photo Consent Form*
- 4) *HIPAA Privacy and Confidentiality Form*
- 5) *Copy of COVID Vaccination Card* (you **MUST** have one (1) of the following to participate)
  - a) Two (2) COVID Vaccines and a Booster
  - b) One (1) COVID vaccine and the Bivalent Vaccine
  - c) Only the Bivalent Vaccine
    - COVID Vaccines are REQUIRED with **NO** Exceptions
- 6) *Copy of your 2023 Flu Vaccine* (due by October 1, no exceptions)

**2. Return Forms to [explorers@centrastate.com](mailto:explorers@centrastate.com)**

- Applications are to be sent by **email only** (in-person applications will **NOT** be accepted)
- Applications are accepted on a first come/first-served basis to the first 50 **COMPLETED** applications
- Applications are **due by Friday, September 29 at 4:00pm**

**3. Wait for Acceptance Email:** Emails will be sent out on **Wednesday, October 4.**

**4. Mail in Explorers Registration Fee by Friday, October 6 (for accepted students only)**

- \$65 check/money order, made out to *CentraState Foundation* (**NO** Cash)
- Please print student's full name in memo of check/money order
- Information on where to mail payment will be included on the acceptance letter.

### 2023-2024 Explorers Schedule

3rd Tuesday of each month ~ 6:30-8pm

Jack Aaronson Conference Center Auditorium, Star & Barry Tobias Ambulatory Campus

2023	2024
October 17: Orientation November 20 December 19	January 16 February 20 March 19 April 16 May 21: Family Celebration

Exploring brings business and community leaders together to help young people reach their full potential. Exploring offers youth and young adults unique, hands-on experiences in an environment that develops leadership, character, and confidence through many immersive and empowering moments along the way.

## OUR MISSION

Deliver character-building experiences and mentorship that allow youth to achieve their full potential in both life and work.

## OUR VISION

Shape the workforce of tomorrow by engaging and mentoring today's youth in career and life-enhancing opportunities.

**PROGRAM UPDATE:** This youth application is to be used only for youth 17 years old and younger. Beginning **\*January 6, 2020**, all applicants 18 through 20 years old must complete and submit an adult application, consent to a criminal background check, and successfully complete Youth Protection training. However, an 18- through 20-year-old will still be considered an adult Exploring participant in the post, and not considered an adult leader.

## CLUBS

The Exploring club career education program is for young men and women in the sixth, seventh, and eighth grades. They must be at least 10 years old but not yet 15 years old and have completed the fifth grade but have not yet completed the eighth grade. For those individuals who are 15 years old or older, please review the guidelines for joining Exploring posts.

## POSTS

The Exploring post career education program is for young men and women who have completed the eighth grade and are at least 14 years old and not yet 21.

**NOTE: \*This updated start date for this policy is August 1, 2020.**

# Exploring Information for Parents

**A parent or guardian must certify that he or she has read this information sheet for all applicants under 18 years of age.**

## Welcome to Exploring!

Please take the time to review this material and reflect upon its importance.

## Exploring and Participating Organizations

Exploring is a program of Learning for Life—a nonprofit organization that provides character and career programs and resources to youth across the country. Exploring is made available to our nation's youth through agreements with community organizations to operate Exploring clubs and Exploring posts.

The participating organization must provide an adequate and safe meeting place and capable adult leadership, and must adhere to the principles and policies of Exploring. The local council provides adult training, program ideas, outdoor facilities, literature, professional guidance for adult leaders, and liability insurance protection.

## Exploring's Adult Leaders and You

Exploring's adult leaders provide leadership at the unit, district, council, and national levels. Many are parents of Explorers. Each participating organization establishes a unit committee, which operates its Exploring unit, selects leadership, and provides support for a quality program. Unit committees depend on parents for membership and assistance.

The unit committee selects the post advisor or club sponsor, subject to approval of the head of the participating organization and of Learning for Life. Adult leaders must be good role models because our children's values and lives will be influenced by that adult. You need to know your child's adult leaders and be involved in the unit committee's activities so you can evaluate and help direct that influence.

Exploring uses an interactive program to promote character development, citizenship training, and career education for every participant. You can help by encouraging attendance, attending meetings for parents, and assisting when called upon to help.

**Youth Protection Begins With You™.** Child abuse is a serious problem in our society, and unfortunately, it can occur anywhere. Youth safety is of paramount importance to Exploring. For that reason, Exploring continues to create barriers to abuse beyond what have previously existed in Exploring.

Exploring places the greatest importance on providing the most secure environment possible for our youth participants. To maintain such an environment, Exploring has developed numerous procedural and adult leader selection policies, and provides parents and adult leaders with numerous online and print resources for the Exploring programs.

**Health Information.** You should inform your unit leader of any condition that might limit your child's participation. Please fill out the Annual Health and Medical Record found on [www.exploring.org](http://www.exploring.org) and give it to the unit leader.

**The annual national registration fee is nonrefundable.**

**For general questions, contact your local council.**

## Program Policies

Participating organizations agree to use the Exploring program in accordance with their own policies as well as those of Learning for Life. The program is flexible, but major departures from Exploring methods and policies are not permitted. As a parent, you should be aware that

- Exploring adult participation is restricted to qualified people.
- Citizenship activities are encouraged, but partisan political activities are prohibited.
- Military training and drills are prohibited. Marksmanship and elementary drills for ceremonies are permitted.

## Youth Protection Policies

- Two registered adult leaders 21 years of age or over are required at all activities, including meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth.
- One-on-one activities between participants and adults are never permitted. Even personal conferences must be conducted in plain view of others.
- Corporal punishment, hazing, and bullying are not permitted in Exploring. Only constructive discipline is acceptable. Parents and unit leaders must work together to solve discipline problems.
- Youth Protection training must be taken every two years. This training can be taken at [www.exploring.org/training-safety](http://www.exploring.org/training-safety).
- We encourage all parents to be involved with their Explorer. There are no "secret" organizations in Exploring and all Exploring activities are open to parental visitation.
- If you suspect that a child has been abused, immediately contact the local authorities and the council executive.
- Effective on the participant's 21st birthday, he or she must register as a leader and can no longer be a youth participant.

## Policy of Nondiscrimination

Youth participation is open to any youth in the prescribed age group for that particular program. Adults, 21 years of age and older, are selected by participating organizations for involvement in the Learning for Life programs. Color, race, religion, gender, sexual orientation, ethnic background, disability, economic status, and citizenship are not criteria for participation by youth or adults.

Youth and adults involved with Learning for Life programs, including Exploring, are registered with Learning for Life as participants.

**Ethnic background information.** Please fill in the appropriate circle on the application to indicate ethnic background. This information helps Learning for Life and Exploring plan for success in serving all youth.

## Thank You

Learning for Life appreciates you taking time to become familiar with Exploring. We feel that an informed parent is a strong ally in delivering the Exploring program. Help us keep the unit program in accord with Exploring principles. Please do your fair share to support a quality program.



## Health Care Career Explorers Expectations & Guidelines

*\*To be completed & signed by the student as well as the parent/guardian.*

Welcome to the **Health Care Career Explorers Program**, with CentraState Healthcare System and Boy Scouts of America. We hope that this will be a productive and enriching learning experience for you.

The following ***Expectations & Guidelines*** are essential to your participation in the Health Care Career Explorers Program. Please read the Expectations & Guidelines below, then **print and sign your name (Student)** and have **your parent/guardian print and sign**.

**Student's Adult T-Shirt Size:** \_\_\_\_\_

### Behavior

1. I understand I am in a professional healthcare setting and will conduct myself with dignity and respect.
2. I will respect the confidential nature of the healthcare setting and never discuss anything related to patient information.
3. I understand that I am to remain with my assigned group in designated areas for the duration of each meeting.
4. I will not separate myself from my assigned group or go on my own to any part of the hospital or Ambulatory Campus; I will go into predestinated/permitted areas only.
5. I will follow directions from adult Explorers staff at all times.
6. I will not use my cell phone for calls, pictures, or texting while at the Health Care Career Explorers Program. Photographs are strictly prohibited.
7. I understand the need to speak calmly and quietly, in an appropriate volume, to show respect to patients and staff.

### Meeting Etiquette (Appreciate and respect our volunteer speakers).

1. I understand the importance of being on time for each meeting. Late arrivals are very disruptive and may cause a delay in activities. I understand that if I am late, I may miss an activity.
2. I will always dress appropriately and respectfully in my **Explorers T-Shirt** (provided), slacks, and closed toed shoes. If I am dressed inappropriately, I understand I may not be permitted to participate in the program that evening. Students may not wear jeans, sweats, shorts, or leggings.
3. I understand that I must *sign in* at the start of each meeting.
4. I will wear my name tag while attending each meeting. I will bring these home with me after each meeting and bring them back to each meeting.
5. I will pay attention to each speaker, ask questions, and show interest.

***Your signature acknowledges your understanding of this document in accordance with membership of the Health Care Career Explorers Program:***

\_\_\_\_\_  
**Student Name (Print)**

\_\_\_\_\_  
**Date**

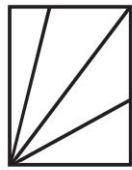
\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent/Guardian (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

8/30/23



**CentraState**  
**Healthcare System®**  
ATLANTIC HEALTH SYSTEM PARTNER

### Publicity and Marketing Consent Form

Name: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I am (**check one**): ☐ Employee ☐ Physician ☒ **Explorer Volunteer** ☐ Visitor ☐ Patient ☐ Resident

I hereby give my consent to CentraState Healthcare System and its affiliates, employees and agents (collectively, "CentraState") to: (**Initial all that apply**)

\_\_\_\_\_ take photographs, videotaped images, or other images of me

\_\_\_\_\_ interview me and take written notes

\_\_\_\_\_ make audio recordings of my interview

**I acknowledge and understand that any images, video and other information collected from or about me may be identifiable and subject to the uses and disclosures covered by this consent.** The images and information, including protected health information (PHI), contained in such images and information, which I consented to above may be used and disclosed for **marketing, publicity, and related purposes.**

I understand that CentraState uses photographs, audiotapes, video images and interviews, which may include patient names, in conjunction with their health-related stories of employees, physicians, volunteers, patients, patient family members, residents and visitors to inform the public about existing health and wellness services, and to promote new services at CentraState and other CentraState facilities. Typical uses are in newsletters, magazines, brochures, print advertisements, and on the CentraState website, Facebook®, and Twitter® pages.

CentraState also receives requests from the news media to photograph and videotape employees, physicians, volunteers, patients, residents and visitors for use in news reports. I understand that participating with the news media may also include disclosing my name, hometown and private health information and is a voluntary decision on my part and that CentraState has no control over news coverage. I further understand I will not have the option to review the final news article before it is published or broadcast and that other news media may reprint or rebroadcast the information I am releasing following the initial publication or broadcast.

I hereby waive all rights that I may have to any claims for payment or royalties in connection with the use of these photographs, audiotapes, videotapes, and/or interviews, and agree that these shall at all times be the property of CentraState or the media representative present. I further understand that CentraState agrees not to sell my name, photo, video image or other information, including PHI, to any third party without my prior written approval.

I understand that this consent is subject to revocation by me at any time in writing to the person requesting this form or by contacting CentraState's Privacy Officer, except to the extent that action has already been taken to release this information. I understand that if PHI disclosed pursuant to this consent, it may be redisclosed by the recipient and no longer protected by HIPAA. I understand that

CentraState will not condition my treatment and health care insurance coverage based on whether I agree to allow my information to be used or disclosed in the manner described in this consent form.

I hereby release CentraState from all liability, including any claims for libel or invasion of privacy, directly or indirectly connected with, arising out of, or resulting from the taking and authorized use of these photographs, audiotapes, videotapes, and/or interviews.

If I am legally entitled to receive a copy of this signed consent, I agree to CentraState providing a copy to me at the email I have provided above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

If Authorized Representative is signing for patient, resident or minor, please initial legal authority:

☐ Legal Guardian ☐ Power of Attorney ☐ Parent ☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Witness

(Rev. 7/22)



## PRIVACY AND CONFIDENTIALITY STATEMENT

1. I am aware of the CentraState Healthcare System confidentiality policy and State and Federal laws governing the privacy and confidentiality of information. I understand that it is my responsibility to become familiar with the State, and/or Federal laws regarding confidentiality that is applicable to the scope of my responsibility within CentraState Healthcare System.
2. Further, I understand that any violation of my responsibilities by unauthorized disclosure of personal/confidential information will result in termination of my employment/volunteer relationship and may result in charges of and for Invasion of Privacy.
3. Furthermore, failure to close out patient or resident information screens, log off of the computer system before leaving the workstation and the sharing of individual computer passwords may result in termination of my employment/volunteer relationship.
4. I understand that under the Federal Health Insurance Portability and Accountability Act (HIPAA), any person who maliciously accesses, alters, deletes, damages or destroys any computer system, network computer program or data shall be guilty of a felony.
5. My signature acknowledges that I understand that my access to computer system constitutes my "signature" and I will be responsible for all entries made under my access.
6. I understand that all data and information on either computer or non-computer systems or media is the property of CentraState Healthcare System, and may be reviewed only by me on a **"need to know"** basis and then only that information is **"minimally necessary"** for me to perform my job at CentraState Healthcare System.
7. I am advised that failure to comply with these policies and regulations may result in corrective action up to and including termination. Violation of State of New Jersey or Federal Statutes may carry the additional consequence of prosecution under the law, where judicial action may result in specified fines or imprisonment or both; plus the costs of litigation or the payment of damages of both; or all.
8. My signature acknowledges that I understand this document is enforced for the duration of my employment/volunteer relationship with CentraState Healthcare System and my confidentiality obligations as described above survives this relationship with CentraState Healthcare System.
9. I understand that I have no expectation of privacy in connection with the use of E-mail, Voice Mail, or Internet and associated equipment or with the transmission, receipt, or storage of information in these systems. I acknowledge and consent to the System monitoring of my use of these systems and associated equipment at any time. Such monitoring may include listening to, printing, and reading all E-mails, Voice mail, and Internet communications entering, leaving, or stored in these systems in the ordinary course of business.

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Signature of Volunteer

Print Name

Date

8/25/22