Arkansas Children's Hospital | Auxiliary

Dear Parent/Teacher:

Thank you so much for your interest in the ACHiever program!

The ACHiever program, founded to allow ninth grade students a unique opportunity to network directly with medical professionals and their peers and to raise funds and awareness for ACH, has been ongoing in the community over two decades.

We believe this program is beneficial in exposing young women and men to Arkansas Children's Hospital, introducing them to a variety of wonderful medical careers, and encouraging the importance of philanthropy. In addition to the community service hours earned through program attendance, ACHiever participants may earn additional service hours working in non-patient care areas— up to 40+ hours.

The sessions occur monthly from September to April with a variety of community service opportunities offered through the seven-month program. Our first session is an orientation, with a parent, in September. Educational sessions will take place one Monday of each month from 5:30 – 6:45 pm. Educational sessions may include presentations or tours of departments and units like the Angel One Transport Department, David M. Clark Center for Safe and Healthy Children, Injury Prevention, Arkansas Children's Heart Institute, Arkansas Children's Research Institute and more! The program will culminate in April with a graduation ceremony and dinner for ACHievers and their parents.

Please share this information with your son or daughter. If he or she decides to make a commitment to the ACHiever program, we ask that you mail the ACHiever Program Application with a deposit*. Also, thanks to the generosity of local businesses and individuals, we have scholarships available! If you would like to apply for a scholarship, please check scholarship application on the payment box.

Once your son/daughter has been accepted into the program, you will be notified and additional detailed information will be mailed to you. Should you have any questions, please don't hesitate to call us.

We look forward to having your son/daughter as an ACHiever!

Angie Johnson
Boy ACHiever Program Chair
(501) 680-7921

Melissa Morgan
Girl ACHiever Program Chair
(501) 366-3100

Jessica Rivera-Hudson
Arkansas Children's Foundation
(501) 364-1440

**The deposit fee is $100.*

2024-2025 ACHiever Program Application

***Please enclose a photo that will be used for identification purposes only*

PROGRAM APPLYING TO: BOY/GIRL (please circle)

APPLICANT NAME:_____**AGE**_____

SCHOOL ATTENDING FALL 2024:_____ T-SHIRT SIZE_____

HOME ADDRESS:_____CITY_____ZIP_____

APPLICANT PHONE:_____APPLICANT'S E-MAIL: _____

PARENT/S:_____CELL PHONE: _____

_____CELL PHONE: _____

ADDRESS (if different from above): _____

_____

PARENT/S EMAIL ADDRESS_____

SPONSOR NAME (*IF OTHER THAN PARENTS*): _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS:_____CITY_____ZIP_____

BUSINESS (if business sponsoring): _____

BUSINESS ADDRESS:_____CITY_____ZIP_____

APPLICANT'S CURRENT ACTIVITIES/INTERESTS:

_____

_____

WHY ARE YOU INTERESTED IN THE ACH ACHIEVER PROGRAM? _____

_____

_____

APPLICATION MUST BE MAILED TO:

ACHiever Program, Arkansas Children's Hospital,
1 Children's Way, Slot 661, Little Rock, AR 72202

PAYMENT OPTIONS (CHECK ONE):

- ☐ My check for the total amount of $1,200 is enclosed.
- ☐ My check for the deposit of $100 is enclosed. Invoice me remainder per payment schedule.
- ☐ Scholarship Application
- ☐ Please charge $1,200 to my credit card.
- ☐ Please charge $100 to my credit card. Please invoice me remainder per payment schedule.

Check one: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Name as it appears on credit card: _____

Credit Card #: _____ Expiration Date: ___/___ CVV: ____

Please make checks payable to: Arkansas Children's Hospital Auxiliary

ACHiever Program Participant Volunteer Hours

We encourage each ACHiever to complete at least 15 volunteer community service hours within the ACHiever Program. They earn those hours by attending educational sessions and participating in volunteer opportunities throughout the year. The ACHiever Program will provide the opportunity for them to earn 40+ hours.

In Addition to the Educational Sessions and Tours, Program Includes:

- T-shirt, notebook and welcome packet
- 'Stop the Bleed' Certification Course Training
- CPR Certification Course
- Exclusive ACHiever Participant Volunteer Opportunities
- 1 - Complimentary ACH Auxiliary Membership for parent or guardian
- Graduation dinner and ceremony with tickets for 2 guests and a gift
- Graduates Highlighted and Announced in a local publication

ACHiever SCHOLARSHIP INFORMATION and APPLICATION

A child may be sponsored by a parent, relative, friend, business or civic organization. All participant fees are used to support Arkansas Children's Hospital Auxiliary fundraising efforts.

A limited number of scholarships are available for students who meet the following criteria:

1. Will be entering the ninth grade in the fall.
2. Will be unable to participate financially without a scholarship.
3. Student must submit essay of no more than 100 words indicating why participation in the program is important to the student, signed by parent or school counselor.

If your child is interested in participating and he or she meets the above criteria, please complete the enclosed application, mark scholarship application on the payment box and attach it, along with your child's essay, before mailing. No deposit is necessary.

2024-2025 ACHiever PLEDGE SCHEDULE

The participation fee for the ACH ACHiever program is $1,200. Please note that this fee is **non-refundable** once the applicant has been accepted into the program. For your convenience, the following payment schedule is offered:

Due with Application.....$100
Invoiced monthly beginning June 2024 (or month after acceptance)
through payment completion.....$100

Balance is due by April 2025 and can be paid in full at any time.

The above payment schedule may be followed, total payment may be made at any time or we can work with you to create a payment schedule that works best for you.

We accept personal or business checks, cash, VISA, MasterCard, American Express and Discover.

When submitting: Please include application, media release, deposit and essay if applicable.

AUTHORIZATION TO RELEASE HEALTH INFORMATION, IMAGE OR LIKENESS FOR MEDIA/PHOTOGRAPHY

Arkansas Children's
HOSPITALS · RESEARCH · FOUNDATION

ALL ELEMENTS ARE REQUIRED PRIOR TO INFORMATION BEING RELEASED

I authorize the use/disclosure of my protected health information, image or likeness as described below:

1. Who is authorized to use/disclose information: **Arkansas Children's**

2. Who is authorized to receive the information: The public by way of publication including, but not limited to, Arkansas Children's websites, Arkansas Children's sponsored social media sites (Facebook, Twitter, Instagram, YouTube.com, Pinterest, etc.), the internet, newspapers, television and/or radio broadcasts, books, brochures, magazines, motion picture film or video, podcasts, photographic displays, direct mail and scholastic/academic purposes. This may include use by other organizations Arkansas Children's may affiliate with on specific projects, such as the University of Arkansas for Medical Sciences (UAMS); however, information released will only be used after Arkansas Children's grants specific written authorization to use.

3. The specific information to be requested or released:
   a. Patient's name and medical case story.
   b. Caregivers' or family members' names.
   c. Names of visitors, including but not limited to caregivers, volunteers and business partners.
   d. Any quotation or comment (made verbally, in writing, or video/audio recording) by the patient or visitor and/or concerning the patient or visitor.
   e. Photos or video/audio of the patient or visitor that may be taken and reproduced for use.

4. I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by the privacy regulations.

5. I understand that neither the patient or visitor nor their personal representatives will be paid any publication (print/broadcast/web) and/or talent fees.

6. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment or payment or my eligibility for benefits. I may inspect or obtain a copy of any information used/disclosed under this authorization.

7. This authorization expires in twenty-five (25) years and remains effective from the date of submission/ authorization unless revoked by me in writing. I understand that I may revoke this authorization at any time by delivering a copy of my revocation to Arkansas Children's Health Information Management department (501-364-1152) except to the extent that action has been taken in reliance on this authorization.

~~Patient's or~~ Participant's Name (Please Print)	Date of Birth
Signature of ~~Patient or~~ Representative	Date
Print Name of Personal Representative	Relationship to Patient
Email Address	Phone Number

FOR SYSTEM USE ONLY. TEAM MEMBER MUST INCLUDE LOCATION, EVENT/STORY ASSOCIATED WITH IMAGE AND DESCRIPTION OF PHOTO SUBJECT'S CLOTHING.

ACHiever Participant image may appear in media, including print, social, magazine publications, flyers, television or similar, in promotion or sharing of the ACHiever Program, ACH or similar.

Name of Responsible AC Team Member Jessica Rivera

Check all that apply:

- ☐ Patient
- ☐ Caregiver
- ☐ Visitor
- ☐ Volunteer
- ☐ Team Member
- ☐ Team Member's Child
- ☒ Non-Patient Child (<18)