Job Shadow Application

Applicant Information

Last Name: _____

First Name: _____

Middle Initial: _____

Home Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Education Information

School Name: _____

Current Year in School (select one):

☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ College Student
☐ Other: _____

Expected Graduation Date: _____

☐ I am not currently enrolled in school.

Academic Advisor/Instructor Name: _____

Parent or Guardian Information (Complete if applicant is under age 18)

Parent/Guardian Name: _____

Relationship to Applicant: _____

Phone Number: _____

Parent/Guardian Signature: _____

Job Shadow Information

Department, Profession, or Occupation You Would Like to Observe:

Name of Employee You Would Like to Shadow (if known):

Please describe why you are interested in a job shadow experience. Include your learning goals, career interests, desired number of hours, and any academic requirements.

Availability

Availability will depend on the department's schedule

List the date(s) you are available:

Emergency Contact Information

Emergency Contact 1

Name: _____

Relationship: _____

Phone Number: _____

Emergency Contact 2

Name: _____

Relationship: _____

Phone Number: _____

Accommodation Requests

We are committed to providing equal access and reasonable accommodation for applicants and participants.

Do you need reasonable accommodation to participate in the job shadow experience or application process?

☐ No

☐ Yes

If yes, please describe the accommodation needed:

You may also contact us directly to discuss accommodation requests.

Additional Information

Have you previously volunteered or worked at Allen Hospital?

☐ No

☐ Yes

If yes, when? _____

Do you currently have family members employed by Allen Hospital?

☐ No

☐ Yes

If yes, please list their names and departments (optional):

_____

_____

Certification

I certify that the information provided on this application is accurate and complete to the best of my knowledge. I acknowledge that I have reviewed the required self-study orientation materials.

Applicant Signature: _____

Date: _____