



Last Name:		First Name:	Middle Initial:
Home Address:			
City, State, Zip:			
Phone:		E-mail:	
Date of Birth:			
Name of School:			
Year in School (fresh, soph, jr, sr)			
Expected Graduation date:			
Not currently enrolled:			
Name of academic advisor/instructor			
If you are under 18, please list name and contact information for parent/legal guardian:			
Name:		Relationship:	
Parent/guardian signature:		Contact #:	
Occupation or department you want to shadow:			
Name of person you would like to shadow with, if known:			
Briefly describe your reason for wanting to job shadow, including your learning and career objectives, number of hours you want to shadow, observational requirements, etc.			
Job shadows are scheduled Monday, Tuesday, Wednesday, Thursday, Friday 8-12pm. Please keep in mind it can take two weeks to schedule a job shadow. List specific date(s) you available for a job shadow.			
Emergency Contact Name (1):			
Relationship:		Phone:	
Emergency Contact Name (2):			
Relationship:		Phone:	
Do you have any limitations or special needs which need accommodation? Explain:			
Have you ever volunteered or been employed by Allen Hospital? If yes, when?			
Do you have family members employed at Allen? Who?			
The information provided on this application is true and complete to the best of my knowledge. I have read the self-study orientation.			
Date:		Signature:	

## **Allen Hospital Volunteer/Intern Confidentiality Statement**

While volunteering/interning or job shadowing at Allen Hospital or its affiliated sites, I understand my obligation to maintain the confidentiality of all medical, financial and personal information for any patient or associate.

As a volunteer/intern or shadow participant, I may look at, use or disclose information only as it relates to the performance of my duties. Any unauthorized viewing, discussion, and disclosure will provide grounds for immediate dismissal.

Whenever it is questionable as to what information is confidential, it is my responsibility to discuss the matter with my supervisor before any breach of confidentiality occurs.

I acknowledge and have read the statements above and agree to abide by the expectations as stated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date