

 **York Hospital**
JOB SHADOW APPLICATION

JOB SHADOW DATE (s): _____

Personal Information:

Date: _____

Name: _____ Preferred First Name for Name Badge: _____
Last First

Mailing Address: _____
Street or P.O. Box City State Zip

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

School Attending: _____ School Phone: _____

Emergency Contact: _____ Phone: _____

Job Shadow Information:

Occupation you're interested in job shadowing: _____

Please include the name of someone you would like to job shadow (optional): _____

Have you job shadowed here before? If so, when and with whom? _____

Arrival Time: _____ Departure Time: _____

Please note: we will do our best to accommodate a time that works best for you. However, we will be in touch with you if we are unable to accommodate the requested time.

Do you have any special concerns or requests: _____

1. Have you had the COVID Vaccine? YES NO
If yes, please submit COVID vaccine information with paperwork including booster shot information.

2. Please submit flu documentation with date and lot# during flu season (between Oct 1-Mar 31).

Confidentiality Agreement:

I understand that it is the policy of York Hospital to ensure that the business operations, activities and personal information of York Hospital, its patients, and employees are kept confidential to the greatest possible extent. If, during the course of my time at York Hospital, I acquire confidential or proprietary information about York Hospital, or its patients and employees, I will handle such information in strict confidence and not discuss it with outsiders or with co-workers beyond what shared knowledge is needed to carry out the business operations and clinical services of the hospital.

By signing below I agree to York Hospital's Confidentiality Agreement

Job Shadow Applicant Signature Date

If under 18, please fill out the parental/guardian consent below and submit with job shadow application.

Please return completed form(s) to:

DRESS CODE

DRESS CODE

As a job shadow candidate you are not only representing yourself but you are now representing York Hospital. Our physical appearance gives patients and visitors an impression about York Hospital and the quality of care that we provide. Being a representative of York Hospital, we ask that all job shadow candidates dress neatly and professionally while maintaining personal grooming and cleanliness.

To help patients, visitors, and other staff members, we ask that all job shadow candidates follow the dress code unless instructed otherwise.

- ◆ Wear a name badge indicating who they are during the job shadow in the hospital or other path areas.
- ◆ Do not wear jeans, gym shorts, cotton shorts, short shorts, or short skirts.
- ◆ Do not wear rubber or plastic flip flops. Sneakers are the recommended footwear.
- ◆ Do not wear clothes that are too tight or too low.
- ◆ Do not wear any perfume or cologne.

Thank you for honoring York Hospital's dress code policy.

PARENTAL / GUARDIAN CONSENT
(if you are under 18)

Dear Parents:

York Hospital is pleased to welcome your child. If this meets with your approval, please fill out and sign the form below. Thank you!

Sincerely,

Kate Ford

Kate Ford
Volunteer and Student Experiences

To: York Hospital

My child, _____, has my/our consent to volunteer or job shadow at York Hospital.

By signing this form I give my son or daughter permission to participate in York Hospital's Volunteer or Job Shadow Program. You have my permission to administer aid to my son or daughter.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information

Name: _____ Relation: _____

Telephone: _____ Address: _____