

## Step by Step Process to obtain a job shadow – High School Student/Adult

- **Must have attended a FVHCA Career Experience to be eligible for a Job Shadow!**
  - Select area of job shadow.
  - See available job shadows and select facility.
  - Complete the application and any health requirements
    - **Agnesian, Aurora and Orthopedic & Sport Institute** requires that you fill out the application provided on this site on Job Shadow page
    - **Affinity Health System** requires an *online application* go to Job Shadow page for online application.
    - **ThedaCare** requires that you complete their application go to Job Shadow page for their downloadable form.
  - Make sure all required signatures are on the application.
  - Review the Job Shadow Information Sheet.
  - Mail or fax completed paper work listed above to appropriate job shadow contact. Note: placement could take up to two weeks
  - Your job shadow experience will be confirmed by the site Human Resources/ Training Department contact.
  - Complete Job Shadow “Evaluation Survey” once finished with shadow at [www.fvhca.org](http://www.fvhca.org)
  - An 8 hour or less Job Shadow does not require any Health Work **unless** you are shadowing in Pediatrics, Obstetrics, Gynecology, Neonatal Intensive Care Unit (NICU) or at the Fox Valley Orthopedics & Sport Institute. If shadowing in one of the above areas print and fill out “**Student Health Requirements**” form along with application.
- ! *If you are unable to attend your Job Shadow please contact the Human Resource/Training Department representative as soon as possible. If you “no call, no show” do not expect to reschedule your job shadow.*

## Job Shadow Information Sheet

Welcome! To ensure that you get maximum benefit from your Job Shadowing experience, there are several topics we think you should know about. It is up to the discretion of the Health Care Facility to grant your job shadow, due to the professional's availability and department occupancy.

**CONFIDENTIALITY:** The nature of the health care industry and the state and federal privacy laws require all employees, volunteers, and students to maintain a high level of confidentiality with respect to all information of medical or business nature concerning patients, residents, doctors or employees. **Under no circumstances will such information be discussed with any unauthorized person(s) either outside or inside of the health care facility.** To engage in discussions of confidential information is not only a breach of confidence and a lack of concern for others, but may also involve you in legal proceedings.

**INFECTION CONTROL:** Proper hand washing helps to prevent the spread of infections from one person to another. Hand washing products, which contain a special antibacterial agent, are available in the rest rooms and work areas. Hands should be rinsed well using friction to remove residual soap. You may not to enter any room designated "Isolation". If there is a potential that you will have direct contact with a patient's blood or other body fluids, you **must** wear protective apparel. Please consult with a staff member for further instructions.

**HAZARDOUS MATERIALS:** Potentially hazardous chemicals and materials are used in certain areas as part of the daily operation of a department. Material Safety Data Sheets (MSDS) which describe the hazard and handling instructions for all chemical products are available in each department in the OSHA - Hazardous Communication Book. Please consult with a staff member for further information.

### **GENERAL SAFETY:**

1. Please report any unsafe conditions or injuries to the area supervisor.
2. The overhead paging system will announce "Code Red" if a fire is detected. Report to your work area for instructions. If you detect a fire, activate the nearest fire alarm. Ask your mentor to provide the number to call when reporting a fire.
3. The overhead paging system will announce severe weather or tornado warnings. Report immediately to your work area.
4. Other codes are announced to alert the staff to other emergencies. Please report to your work area for instructions if you are unsure of your responsibility.

**TOBACCO:** You will be required to follow the tobacco policy at the health facility in which your job shadow experience will be held – please check with the facility if this is a concern.

**DRESS CODE:** Appropriate professional business attire is expected. Jeans and T-shirts are considered inappropriate. Be sure that your attire is modest. A general rule is to keep shoulders to knees covered. Aside from earrings, visible body piercing may not be worn. Shoes should have closed toes and all athletic shoes must be of a solid color. Any visible tattoo or undergarments must be covered at all times.

### **MISCELLANEOUS INFORMATION:**

1. A job shadow experience may be scheduled for 4-8 hours during the daytime hours.
2. We have noticed that students who have not eaten prior to coming to the hospital/clinic may experience weakness and other discomforts during their Job Shadowing. To prevent this, please *be sure to eat before coming to job shadow.*
3. If you are unable to report for your scheduled Job Shadow experience, please notify the contact person assigned to you.
4. Bring a photo ID with you on the day of your job shadow experience.

**HEALTH REQUIREMENTS:** Health Requirements are only needed for a Job Shadow in the following areas: Pediatrics, Obstetrics, Gynecology, and Neonatal Intensive Care Unit (NICU). By signing the application form you are agreeing that your academic institution made need to produce the proper immunizations records if called on to do so.

**Fox Valley Health Care Alliance**  
**“Job Shadowing” Program – HS/Adult Application Form**

**Student Name: (Print)** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Student Address:** \_\_\_\_\_  
City State Zip

**Student Phone:** \_\_\_\_\_ **Parent Phone:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School Representative:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Counselor, Advisor or Teacher

**Emergency Contact/ Phone Number:** \_\_\_\_\_

**Total number of JS hours needed** \_\_\_\_\_ **Date JS needs to be completed by** \_\_\_\_\_  
(2, 4, 6 or 8)

**“Career Experience” Attended:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Name of health care or academic facility) (required information)

**Facility, Department & Occupation Requested:**

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**Please make an X on the dates and times you are available to complete a Job Shadow**

| Time & Date | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|--------|---------|-----------|----------|--------|
| 8AM- Noon   |        |         |           |          |        |
| Noon- 5PM   |        |         |           |          |        |

**(NOTE: Placement could take up to 2 weeks)**

I have read and understand the information on the Information Sheet. Should I need medical attention during or as a result of this job shadowing experience, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release Fox Valley Health Care Alliance and its members of all liability. Patient/resident permission is required for all job shadow interactions. I understand that this permission may be withdrawn by the patient/resident at any time. I give the facility at which job shadow is being conducted permission to release my telephone number or contact directions, to the requested department. While I am job shadowing at any site under the Fox Valley Health Care Alliance, I realize that all healthcare information, patient/resident care and records are a confidential matter. All information exchanged while I am observing must be held in strictest confidence.

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

I have read and understand the information on the Information Sheet and authorize my son/daughter to participate in this job shadowing experience. Fox Valley Health Care Alliance nor its members shall be held responsible for adverse occurrences and/or outcomes. Should my child need medical attention during or as a result of this job shadowing experience, I authorize such medical care and assume full responsibility for any treatments deemed necessary. I assume responsibility for all medical costs which result and release Fox Valley Health Care Alliance and its members of all liability. I give Fox Valley Health Care Alliance and its members permission to release my son/daughter telephone number or contact directions, to the requested department.

\_\_\_\_\_  
**Parent/Adult Signature** **(\*If student is under the age of 18)** **Date**

I have reviewed this application with the student and recommend him/her for this job shadowing experience.

\_\_\_\_\_  
**School Representative** **Date**