



# Job Shadow Application

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ALL APPLICANTS MUST COMPLY WITH LIMA MEMORIAL DRESS CODE AND HIPAA POLICIES

**DRESS CODE IS BUSINESS CASUAL OR SCRUBS (NO JEANS), AND PLEASE WEAR COMFORTABLE SHOES.**

Please select one of the following:

- Job Shadow - High School     Job Shadow – College/University     Job Shadow – Other

High School \_\_\_\_\_ College/University \_\_\_\_\_ Other \_\_\_\_\_

Is job shadowing a requirement in order to graduate?      Please circle:      **Yes**      **No**

How did you hear about us? *(Please indicate one of the following):*

- School       Friend       Family member works at Lima Memorial       Online

Other – Please specify: \_\_\_\_\_

## Applicant Information *(Please print)*

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_ *(only for HS students)*

## Areas of Interest/Availability

*(You must be 16 years or older to shadow in Surgery, OB, Laboratory, and ICU)*

- Laboratory     Patient Care     Pharmacy     Physicians     Radiology     Respiratory     Surgery     Therapy

Business – Please specify: \_\_\_\_\_     Nursing – Please specify dept.: \_\_\_\_\_

## Preferred Time & Day to Shadow

- Morning - Hours Available \_\_\_\_\_       Monday     Tuesday     Wednesday
- Afternoon - Hours Available \_\_\_\_\_       Thursday     Friday
- Evening - Hours Available \_\_\_\_\_       Specific dates \_\_\_\_\_

### **FOR HR USE ONLY**

- Job Shadow Application Received       Manager/associate approved
- TB Received       Calendar Invite sent to manager
- Consent forms signed       Confirmation sent to job shadow
- Emailed department manager

Date(s) scheduled: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time(s) scheduled: \_\_\_\_\_

Department: \_\_\_\_\_ Associate Contact: \_\_\_\_\_ EXT #: \_\_\_\_\_