

SECTION 1: JOB SHADOWING/OBSERVER INFORMATION

Job Observer Name: _____

Email: _____ Phone Number: _____

Address: _____

School/organization: _____

Observation date(s): From _____ To _____

Age Requirement: Under eighteen (18) years of age, but over sixteen (16) years of age
 Over eighteen (18) years of age

Reason for Shadowing/Observation:

 Community Program
(Includes high school student programs, career day, adult tours, pediatric/adolescent program, and National "Take Your Child to Work Day") Prospective Hire
(Includes applicants, internal transfers, prospective employees, health care inquiries – outside program of study, and PSI – First Physician Group) Physician Request
(Includes requests for observation for a licensed health care provider rounding with staff, requests for non-professional observer to round with staff, Health Care Career Club program, and Operating Room observations) Student Vocational Instruction Program (V.I.P.)
(Includes requests for observation for a licensed health care provider rounding with staff, requests for non-professional observer to round with staff, Health Care Career Club program, and Operating Room observations) Other Reason for Observation (please list)**SECTION 2: DEPARTMENT SPONSOR INFORMATION**

Department Sponsor Name: _____

Email: _____ Phone Number: _____

Department/Unit where observation will occur: _____

Location of Observation Experience: _____