

HILLSBORO AREA HOSPITAL

Job Shadowing Agreement

The Job Shadow Program at Hillsboro Area Hospital will provide observational learning opportunities designed to help individuals learn about health career options as well as the skills that different occupations require. Job Shadowers will not have any access to HAH computers or software (e.g. EMR etc.)

The program will offer a shadowing experience to individuals interested in learning about a specific area in health care. Program participants will have the opportunity to experience the workplace setting as well as the duties performed by the health care worker they are shadowing; however, they will not be permitted to take part in any type of hands-on patient care.

Program Goals

The goals of the job shadowing program at HAH will be to assist participants to accomplish the following:

- Observe the daily routines of health care workers
- Begin to identify career interests in health care
- Gain awareness of the academic, technical and service standards required in health care professions

Who is eligible to participate?

- High school students age 12 and above (parent or guardian signature required for all applicants 17 years of age and under)
- College students
- Individuals exploring a second career

Program Requirements

- Complete a Job Shadow Application
- Signed confidentiality agreement
- Signed consent form for minors
- Completion of a health screening questionnaire
- Required immunizations- if applicable
- Fire and safety information

Job Shadow Participant Dress Code

Participants will be required to wear a job shadow badge for identification.

As part of the Job Shadow Program, appearance is important. Clothing should be neat, tidy and clean. Persons participating are to be neatly groomed, clean and limited use of perfumes or colognes.

- No jeans
- No tank tops or bare midriffs
- No baggy clothes
- No clothes that drag the floor
- No exposed undergarments
- No scrubs

Participants to wear comfortable closed-toe shoes; clean gym shoes are acceptable. Socks or stockings must be worn.

- No sandals
- No flip flops
- No dangling jewelry
- All body piercings and tattoos must be covered
- Long hair to be secured by a ponytail or barrette

Rules of Conduct for Job Shadowing Participants

Participants will be expected to behave in a courteous and respectful manner. If at any time during the shadow experience they are not acting in a courteous manner, they may be asked to leave. Additionally, if participants have concerns about the conduct of any HAH staff during their experience, they are to contact the Human Resource department to express their concerns.

Cell phone/pager usage will be prohibited during shadow experience. Participants will be advised to not bring large amounts of cash and/or personal items with them. HAH will not be liable for any theft or damage to personal property while on campus.

I have read the HAH Job Shadowing Agreement and consent to follow all terms as outlined above.

Signature

Date

Job Shadow Consent Form for Minors

I understand that my child, _____, (a minor) is participating in the Job Shadow program at Hillsboro Area Hospital. I also understand that my child has requirements/responsibilities within this program, of which he/she is aware, and that failure to comply with these requirements/responsibilities may result in dismissal from the program.

NOTE: This form must be signed by the parent/guardian and brought to the Human Resources Department the day of shadow experience. The minor will not be permitted to participate in the noted program if they fail to bring with them.

Job Shadow Participant Signature

Date

Parent/Guardian Signature

Date

Human Resources Representative

Date

**IF YOU ARE UNDER THE AGE OF 18, PLEASE HAVE YOUR PARENT OR LEGAL GUARDIAN
COMPLETE THIS FORM.**

Fire and Safety Information

FIRE (Code Red)

- Know where the fire pull stations are in your area.
- Know where the fire extinguisher is in your area.
- Know what the evacuation plan is for your area.

If you see or suspect a fire, remember **RACE**

R **Rescue**
A **Alert (Dial 1-911)**
C **Contain**
E **Extinguish**

How to use a fire extinguisher

1. Pull Pin
2. Aim at base of fire
3. Squeeze lever
4. Sweep quickly using a side-to-side motion

Please go to page two and read/sign the Acknowledgement Receipt.

Acknowledgement Receipt Fire and Safety Information

My signature below acknowledges that I have reviewed this information and also indicates my agreement to adhere to HAH policies in the event of an emergency.

Job Shadow Participant Signature

Date

Parent/Guardian Signature

Date

IF YOU ARE UNDER THE AGE OF 18, PARENT OR LEGAL GUARDIAN SIGNATURE REQUIRED.

Health Screening Questionnaire

Name: _____ Birth Date: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Length of time/days requesting to do job shadowing: _____

Please answer the following questions.

1.) In the past 24 hours, have you had any of the following (check all that apply):

___ Vomiting ___ Cough ___ Rash ___ Fever ___ Diarrhea ___ Runny Nose ___ None

2.) In the past three weeks, have you been exposed to anyone with the following (check all that apply):

___ Measles ___ Mumps ___ Varicella (Chicken Pox) ___ No exposure

3.) Have you been exposed to Tuberculosis (TB) in the last three months? ___ Yes ___ No

4.) How would you describe your overall health? ___ Excellent ___ Good ___ Fair ___ Poor

5.) Have you received the varicella (Shingles) vaccine in the last 5 days? ___ Yes ___ No

6.) If you are sensitive to a hospital environment for some reason (i.e. past hospitalization or traumatic experience) or are prone to seizures or fainting, please indicate that below:

I certify the information given regarding my health to be accurate and to the best of my knowledge.

NOTE: This form must be signed by the parent/guardian and brought to the Human Resources Department the day of shadow experience. The minor will not be permitted to participate in the noted program if they fail to bring this form with them.

Job Shadow Participant Signature

Date

Parent/Guardian Signature

Date

Human Resources Representative

Date

IF YOU ARE UNDER THE AGE OF 18, PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS FORM.