

**Memorial Healthcare  
High School Job Shadowing Application**

**Student Information (please print)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student or Parent email address: \_\_\_\_\_

**Select top 3 choices and number (1, 2, 3) in order of your preference.**

_____ Nursing	_____ Speech therapy
_____ Physical Therapy	_____ Respiratory therapy
_____ Computers	_____ Laboratory
_____ Pharmacy	_____ Social Work
_____ Radiology	

Please describe your interests in healthcare, your post-secondary plans, and why you want to job shadow.

**Immunizations**

Please enclose proof of the following immunizations

**Varicella** (Chicken Pox): 2 doses or positive titer

**MMR** (Meases, Mumps & Rubella): 2 doses or positive titer

**Tuberculin** (TB/PPD): Negative test required within the last 12 months

**Hepatitis B:** 3 doses or positive titer

**Tdap** (Tetanus, Diptheria, Pertussis): Must have received within the last 10 years

**Influenza (Flu shot):** Due November 1 through April 1

**Parent/Guardian Permission**

I give permission for my child \_\_\_\_\_, (a minor) to participate in an observational experience at Memorial Healthcare. I release Memoiral Healthcare from all claims that may arise from this observational experience. I understand this is an observational experience only and there will be no patient care given by my child.

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Parent/Guardian Name (Printed)

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Parent /Guardian (Signature)

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Date

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Home/Cell Number

**The following forms must be sent with this application**

\_\_\_\_\_ Job Shadow Agreement

\_\_\_\_\_ Confidentiality Agreement

\_\_\_\_\_ Proof of Immunizations

\_\_\_\_\_ Copy of Driver's license (if 18 and older)

**Email Completed forms to:**

[tcoffman@memorialhealthcare.org](mailto:tcoffman@memorialhealthcare.org)

**Applicants with missing forms or incomplete forms will not be able to job shadow. All job shadow experiences are assigned in the order in which they are received.**