



External Job Shadowing/Observation Request

Personal Information

First Name _____
 Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Contact Phone: (____) _____
 Email: _____

School Information

School Name: _____
 City/State: _____
 Current school status (circle one) Freshman Sophomore Junior Senior
This experience requires approval from a qualified school representative:
 Advisor/Instructor Name: _____
 Advisor/Instructor Signature: _____ Date: _____

What jobs or departments are you interested in shadowing?

Observations in the Behavioral Health Unit and Emergency Department are excluded. Observations in the Operating Room and Family Birth Center may be limited.

1st Choice _____
 2nd Choice _____
 3rd Choice _____

Where would you prefer to complete the observation? *Check all that apply*

- Asante Rogue Regional Medical Center
- Asante Three Rivers Medical Center
- Asante Ashland Community Hospital
- Asante Physician Partners Clinic Specific: _____
- Asante Corporate Department Specific: _____

When is your desired date to begin shadowing? ____/____/____



Job Shadowing/Observation Commitment and Agreement

- I shall hold absolutely confidential all information that I may obtain directly or indirectly concerning patients, doctors, or personnel and not seek to obtain confidential information from a patient.
- This experience is granted to me with no contemplation or consideration of future employment. I understand that I am not an employee of Asante or any of its subsidiaries or affiliates, and am not entitled to any wages or benefits, including, but not limited to: social security benefits, workers' compensation benefits, and retirement benefits.
- I shall be punctual and conscientious; conduct myself with dignity, courtesy, and consideration of others; and endeavor to make my appearance professional in quality.
- I shall not use any cellular devices during my observation time.
- I will abide by the dress code guidelines per the Asante Dress Code Policy (400-CORP-HR-0014) as well as obtain a temporary badge through Security per Identification Badges policy (400-PE-0124).
- I will abide by Asante's Influenza Vaccination and Masking Policy (400-ACCR-QM-0021).
- I shall at all times uphold Asante's Mission, Vision, Values and Code of Conduct.
- I understand that Asante reserves the right to terminate any shadowing agreement as a result of failure to comply with Asante policies, rules, and regulations; (b) shadowing experience guidelines; (c) or any other circumstances which, in the judgment of the mentor and/or Director of HR Administration and Employee & Labor Relations, would make any continued experience contrary to the best interests of Asante.
- I understand that I am not covered under Asante's medical insurance if an injury or illness occurs while I am participating in the job shadow experience. I also acknowledge the risks associated with shadowing in a hospital environment, where health-acquired conditions are possible. I understand that participants *must* have their own personal medical insurance during their service.*
- I understand that I must provide current immunization records prior to my experience. (These records are typically available at your primary care provider or high school).
- I shall submit to examinations, which may include chest X-rays, skin tests, appropriate laboratory tests, and immunizations, that may be necessary as part of my shadowing experience. Failure to do so may result in revocation or termination of the shadow/observation experience.
- I authorize Asante to photograph/video-record me or permit other persons to photograph/video-record me for the purpose of publication by either Asante or the media in all forms and in all manners.

I have read each of the above conditions, and I agree to abide by them.

Print Name	Signature	Date
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Name of Parent/Legal Guardian if under 18	Signature	Date
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* Medical Insurance Carrier Name	Policy/Group number/ID#
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Emergency Contact Name	Emergency Contact Phone Number
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Please return completed form to the Asante Department Manager for their records.



To be completed by Asante:

Job Shadow Department Name _____

Asante Leader Responsible for Shadow Arrangements _____

Agreed upon dates of shadow _____

The following documents have been received from the participant:

- Current Immunization Records
- Confidentiality Agreement

The following policies were given to the job shadow participant

- Asante Dress Code Policy 400-CORP-HR-0014
- Asante Influenza Vaccination and Masking Policy 400-ACCR-QM-0021
- Asante Code of Conduct

