Job Shadow Application

Thank you for your interest in Lake Regional Health System! Please complete the following information to participate in the Job Shadowing Program.

Today's Date: ___________________

Name: ____
Last First M.I.

Address: ______________________________ City ________________ State ____ ZIP _________

Home Phone ________________________ Cell Phone ____________________________

E-mail address ____

If under 18 years of age: Date of Birth ________________ Age _________

Parent/Guardian Name: ____
Last First M.I.

Emergency Contact

Name ____________________________________Relationship ________________________

Address ____ Phone _____________________

Present Employer (if applicable)

Company/Organization Name ____

Address ____

Education Status

List highest level of education completed, school, dates, and course of study: ____________________

____

Are you currently enrolled in school? No Yes Where? ______________________________________

Assignment Request

Area of 1st choice ___________________________ 2nd choice _______________________________

If you know which specific provider you will be shadowing under, please list name here:

____

Is there a specific date or timeline in which the Job Shadow must be completed? _________________

Referred to Job Shadow program by: ____

Please explain why you want to shadow a health professional at Lake Regional Health System:____

____

Is there any other information we should know? ____

Shadow Applicant's Signature: ____________________________________ Date: _______________

Please return this application to:
Lake Regional Health System
Attn: Human Resources/Job Shadowing
54 Hospital Drive
Osage Beach, MO 65065
FAX 573-348-8268
PH 573-348-8384
vhebrank@lakeregional.com

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To be completed by Lake Regional Health System:

Department Assignment ____

Assigned Host(s) ____

Shadow Date(s) ___________________ Approved by: ______________________________________

☐ Proof of Seasonal Influenza ☐ HIPAA Compliance Form ☐ Confidentiality Agreement
☐ TB Screen

Human Resources Signature: ____Date: _____________