



Job Shadow Application

Name: _____
Last Name First Name Middle Initial

Contact Information: _____ / _____
Primary Phone Number Email Address

Area of Interest

If you have already discussed arrangements to shadow an Island Hospital employee, please provide the following information:

Employee Name: _____ Employee Dept: _____

Please indicate your first and second preference for a department and professions to Job Shadow. We do our best to accommodate your primary interest, but requests are fulfilled based on availability.

Department 1: _____ Department 2: _____

Profession 1: _____ Profession 2: _____

Please indicate the number of hours you require (not to exceed 8), along with specific days / times that you are available:

Number of Hours: _____ Days / Times Available: _____

Instructor / Reference Information

Reference Name Educational Institution

Phone Number Email Address

Education Information

What degree are you working towards? _____

What school are you currently attending? _____ Level of Education: _____

What is your goal(s) for job shadowing at Island Hospital? _____

Emergency Contact Information:

Name Primary Phone Number Relationship

Signature Date

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| Document Owner: | Human Resources | Page | 1 of 1 |

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