JOB SHADOW PAPERWORK

Valley Children's Hospital offers the Job Shadow program to provide observation of workplace skills and increase the understanding of the nature of the jobs involved in a specialty area.

Through participation in the hospital's Job Shadow program you have the opportunity to gain valuable experience & knowledge of hospital occupations & operations.

To become a Job Shadow participant, the applicant must meet the following qualifications and requirements:

A. Job Shadow requests are made to the Recruitment Services Department.

B. Requests for Physician job shadowing should also be made to the Medical Staff Office.

C. Must be at least 13 years of age to job shadow; & signed consent form for minors req'd.

D. Job Shadow is observation only.

Paperwork packet must be turned into Recruitment Services prior to the job shadow; you may scan it to **recruitmentservices@valleychildrens.org** or FAX it to 559.353.7070

We hope that you have an enjoyable and educational experience.

JOB SHADOW PARTICIPANT
PERSONAL INFORMATION SHEET

Please complete the following information and be sure to include your local contact information:

School Affiliation (if any): _____

Name: _____ Are you 18 years of age or older: ☑ Yes ☐ No

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell/Message Phone: _____

Email: _____

Reason for job shadowing:

Area(s) of Interest: ☐RN ☐PT ☐OT ☐Ultrasound ☐PA ☐NP ☐Rad Tech ☐NICU ☐PICU ☐Surgery ☐Rehab ☐Imaging ☐Emergency ☐Medical Assistant ☐Maternal Fetal Center ☐Interpreter Services ☐Social Work
OTHER _____

Emergency Contact Name:

Emergency Contact Phone: Relationship:

Is there any medical information that you would like to share with us in case of an emergency?
Please include any known allergies that you may have to certain medications:

PLEASE NOTE THAT ALL INFORMATION SHARED ABOVE WILL BE KEPT STRICTLY CONFIDENTIAL
AND WILL ONLY BE RELEASED TO MEDICAL PERSONNEL IN THE EVENT OF AN EMERGENCY-TYPE SITUATION.

I have reviewed and signed the Confidentiality Agreement for Non Employees as well as the Participant Dress and Grooming Standards. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence at Valley Children's Hospital. I also understand that the job shadow program is strictly observation only and that I will not be receiving volunteer credit for this experience.

_____ _____
Signature Date

_____ _____
Human Resources Representative Signature Date

SCHEDULE AVAILABILITY

Job Shadow Participant Name (PRINT)

Please list the blocks of time you would be **available** for a job shadow:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM						
PM						

Are there any specific dates that you would prefer:

Please list any scheduling restrictions you may have:

Have you been referred by or in contact with a current employee in the area of interest?

Name

Position

CONFIDENTIALITY AGREEMENT FOR NON-EMPLOYEES

I, the undersigned, acknowledge that during the course of my voluntary participation or performance of duties at Valley Children's Hospital that I may receive access to confidential information of Children's that is prohibited from disclosure to others.

"Confidential Information" means information provided by Children's that is not commonly available to the general public, or is required by law or regulation to be protected from disclosure to third parties not considered part of the Hospital's "workforce" as that term is defined by federal and state health information privacy regulations such as the Health Information Portability and Accountability Act and the California Confidentiality of Medical Information Act. Confidential Information includes information contained in patient medical records and any other health information which identifies a patient; quality assurance, research or peer review information; and information concerning Children's employees, services or business operations. Such information can be acquired by any means and in any form, written, spoken or electronic.

I agree not to share, disclose or discuss Confidential Information with anyone who does not have a legitimate interest in such information. I will abide by Children's policies and procedures concerning the use or disclosure of Confidential Information and I will contact a Children's representative if I have any questions regarding these policies and procedures.

I will maintain and protect the privacy of Children's employees, medical staff and patients in my use and disclosure of Confidential Information and I will not misuse or be careless with such information.

I understand that any violation of this Agreement or Children's policies related to access, use or disclosure of Confidential Information may result in significant legal ramifications for which I will be held solely responsible with respect to this Agreement.

I acknowledge that I have reviewed all of the information above. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence at Valley Children's Hospital.

_____ _____

Name (please print) Date

_____

Signature

JOB SHADOW

PARTICIPANT DRESS AND GROOMING STANDARDS

As part of the Job Shadow Program, your appearrance is important. Your clothing should be neat, tidy and clean. A few things to remember:

- No jeans
- No shorts
- No sweatpants
- No tank tops or bare midriffs
- No baggy clothes or clothes that drag the floor
- No exposed undergarments
- No scrubs – *unless requested by the department where the shadow will occur*

Please 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 piercing and tattoos must be covered

I have received and understand the guidelines provided to me regarding the dress and grooming standards of job shadow participants at Children's Hospital. I understand that all job shadow participants are required to comply with the dress and grooming standards and that failure to do so will result in program non-participation.

_____

Job Shadow Participant Name (PRINT)

_____ _____

Job Shadow Participant Signature Date

PRINT **SAVE**

Print and scan OR save and attach to email and send to

recruitmentservices@valleychildrens.org