

KADLEC | REGIONAL MEDICAL CENTER

JOB SHADOW APPLICATION

Date _____

Current Kadlec Employee Yes No

Name _____ Date of Birth _____
Last name First name MI

Address _____
City State Zip

Email Address _____

Home Phone _____ Cell Phone _____

Emergency Contact Name (PRINT) and Cell Phone #

Full Name of School and Grade or Program

Requested area/department for job shadow placement

Dates/Times available

Purpose for shadow _____

Is the shadow a requirement to apply for a school program? If yes, include or email link to program requirements. Yes No

Have you been in contact with a KRMC staff member regarding job shadow placement? Yes No

Name _____ Department _____

MINOR AUTHORIZATION
(For High School Students)

I, (PRINT) _____, am the parent/guardian of _____.

I understand that my son/daughter would like to participate in an Observational Job Shadow at Kadlec Regional Medical Center.

I agree that (PRINT) _____ may participate in the Observational Job Shadow Program at Kadlec Regional Medical Center and that they will abide by all policies, procedures and regulations that will affect them as an observer.

I am aware of the possibility of person health and safety risks due to my child's participation in the job shadow experience, including the exposure to potentially infectious blood or other body fluids. I assume all risks, hazards, and injuries incident to such participation and do hereby waive, release, absolve and agree to hold harmless Kadlec Regional Medical Center and its staff from any claim arising out of an illness or injury to my child.

In the event of injury or accident while at Kadlec, I understand that my son/daughter will be taken to the Emergency Department for assessment and evaluation as needed and that I will be notified. I understand that I am responsible for any expenses incurred as a result of the Emergency Department visit.

Parent/Guardian Signature _____

Cell Phone # _____

Date _____

KADLEC REGIONAL MEDICAL CENTER CONFIDENTIALITY & CONDUCT AGREEMENT

Kadlec Regional Medical Center has made a provision in our facility to provide observational job shadows. Such activities at KRMC are a benefit provided in part to explore occupations in the area of healthcare without the consideration of compensation or future employment. As an observer at Kadlec Regional Medical Center you are expected to act professionally at all times. Part of this expectation is that you will keep confidential all information pertaining to patients and others within the facility

CONFIDENTIALITY STATEMENT

During the course of your activities at Kadlec Regional Medical Center you may have access to information which is confidential. The Law does not permit disclosure of confidential information.

Confidential Information includes, but is not limited to:

- Medical and certain other personal information about patients.
- Medical personnel and certain other information about employees.
- Medical Staff records and committee proceedings.
- Medical Center financial and operating data.
- Reports, policies and procedures, marketing or financial information, business & strategic plans, corporate minutes, electronic mail and other private or sensitive information related to the business or services of Kadlec Medical Center.

If you have any questions concerning the confidentiality or disclosure of information, you should contact the Education Department at 942-2600.

CONDUCT GUIDELINES

I shall be punctual and conscientious, conducting myself with dignity, courtesy and consideration of others.

I will wear business appropriate attire that appears professional and understand that blue jeans, casual tee shirts and sweat shirts are not allowed. I understand that make-up, aftershave, perfume, hand lotion and jewelry shall be conservative in appearance and kept to a minimum.

I will abide by all health & safety instructions provided prior to or during the course of my activities at KRMC.

I will adhere to all instructions given to me by my KRMC supervisor designee or KRMC authorized supervisor.

I shall attempt to resolve any problems related to my job shadow with my supervisor. If that is unsuccessful, I will contact the KRMC Education Department at 942-2600.

I shall make my best effort to fulfill my commitment to KRMC by completing all assignments that I accept.

In the event of injury or accident while at Kadlec, I understand that I will be taken to the Emergency Department for assessment, evaluation and treatment as needed. I understand that I am responsible for any expenses incurred as a result of the Emergency Department visit. (Non-High School participants ONLY)

I will not attempt to remove any items from KRMC other than personal possessions brought in with me.

I understand that KRMC reserves the right to terminate my activities as a result of, a) failure to comply with KRMC policies, rules and regulations; b) unsatisfactory attitude, work or appearance; c) any other circumstances that, in the judgment of the department director or supervisor designee, would make my job shadow contrary to the best interests of the Kadlec Regional Medical Center.

By my signature, I _____ (PRINT NAME) certify that I have been informed of and understand my responsibility in maintaining the confidentiality of all patients, personnel, and hospital information. I further certify that I have been informed of, understand and agree that it is my responsibility to adhere to the above mentioned guidelines of acceptable conduct while here at Kadlec Regional Medical Center. I have read and agree to be bound by the conditions contained in this agreement. I understand that failure to comply may subject me to disciplinary action including legal action.

Signature

Date

September 2017