



- Office Use: Completed Requirements**
- Confidentiality Statement
 - HIPAA & Safety Quiz completed
 - Shadowing Agreement Signed
 - Medical Clearance signed
 - Flu shot documentation (10/1-3/31)
 - Student Expectations/Dress Code viewed

- JCHS Program**
- Lab coat deposit. Size _____
 - Lab coat deposit returned _____

Job Shadow/Observation Application

Name (print) _____ Date _____

Age: _____ Birth date: ____/____/____ (H) Phone _____ (C) Phone _____

Address: _____
 Street City State Zip

Email

(Required- Clearly indicate E-mail address, as this is our first point of contact with you)

Emergency Contact Name Relationship Home Phone Cell phone

Name of School Career Interest/Area of Study

Counselor's Name School Phone

Shadowing Dates/Times requested: (day) (time)

Shadowing Areas of Interest:

____ Nursing (Type of nursing _____) ____ Respiratory Therapy ____ Radiology ____
 Anesthesia ____ Lab ____ Pharmacy ____ Other (list: _____)

* If you have already spoken to a GCH employee about shadowing, please list employee: _____

Plans for future college study:

***** PLEASE NOTE:** Receipt of this application does not convey acceptance of a shadow opportunity. This process can take 2-3 weeks. Not all requests will be honored, and placement depends on space availability and schedules. Student Internships and clinical rotations take priority over shadow experiences.

Please return this application to:

Geary Community Hospital
 Education Department: Christine Jones
 1102 St. Mary's Rd
 Junction City, KS 66441

** If you prefer, you may FAX application to: 785-210-3420