Job Shadowing:

Job shadowing provides an opportunity for a student to observe a healthcare professional performing daily routines. During this time, the student may ask questions about educational and job requirements, as well as the qualities needed to be successful in both the specific field being shadowed and healthcare in general. An experience such as job shadowing can assist students to decide whether a career in healthcare is their calling and what type of healthcare career they want to pursue. In addition, job shadowing can provide students with observation hours necessary for college.

Eligible Applicants

High school students (age 16 and up), college students, and adults interested in healthcare careers are invited to apply for job shadowing.

Requirements

1. You must complete the **Job Shadow Application**.

2. Upon completion of the application, you will also need to email details on the following requirements.

- Healthcare Criminal History Background Affidavit
- Immunization Record (MMR, Tdap, Varicella, Hep B)
- Negative 2 step TB test (within the last 12 months)
- Copy of Flu Vaccine during Flu Season (Sept-March)
- Copy of COVID Vaccine and any boosters received
- Job Shadow Agreement
- Parental Consent form (if under 18)
- BLS certification if applicable
- Complete Orientation

Please email all requirements to mbray@georgeregional.com

Next Steps

Once you've returned all required documents, you will come to complete orientation. We will then schedule your shadow dates/times. Please note that placement is not guaranteed. Questions? Contact mbray@georgeregional.com

*Student information will be archived after 30 days if shadow requirements have not been met.

JOB SHADOW
INFORMATION SHEET

NAME: _____ DATE: _____

DATE OF BIRTH: _____ **MALE** OR **FEMALE**

PHONE: _____ EMAIL: _____

ADDRESS: _____ _____ _____
STREET CITY/STATE ZIP

ARE YOU 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO

REASON FOR JOB SHADOWING: _____
_____
_____

HOURS REQUESTING: _____ DATE NEEDED BY: _____

DEPARTMENT/LOCATION OF INTEREST: _____

SCHOOL/COMPANY AFFILIATION: _____

FOR HOSPITAL USE ONLY

- INFORMATION SHEET (This sheet)
- JOB SHADOW AGREEMENT
- CRIMINAL BACKGROUND AFFIDAVIT
- HEALTH QUESTIONARE
- NEGATIVE 2 STEP TB TEST
- PARENTAL CONSENT FORM (IF UNDER 18)
- IMMUNIZATION RECORD
- COPY OF FLU VACCINE (Sept-March)
- COPY OF COVID VACCINE (if they received)
- BLS CERTIFICATION (IF APPLICABLE)
- BADGE ISSUED
- ORENTATION

EMPLOYEE: _____ DATE: _____

- **HOUR SHEET COLLECTED** **TOTAL HOURS SHADOWED: _____**
- **BADGE COLLECTED**

ADDITIONAL COMMENTS:

George Regional Health System

JOB SHADOW

CONSENT FORM FOR MINORS

I understand that my child, _____ (a minor) is participating in the Job Shadow program at George Regional Health System. I also understand that my child has requirements/responsibilities within this program, of which he/she is aware, and that failure to comply with these requirements/responsibilities may result in dismissal from the program.

NOTE: This form must be signed by the parent/guardian and returned before the minor is permitted to participate in the noted program.

_____ _____
Job Shadow Participant Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Education Coordinator Signature Date

IF YOU ARE **UNDER** THE AGE OF 18, PLEASE HAVE YOUR PARENT OR LEGAL GUARDIAN COMPLETE THIS FORM.

IF YOU ARE **OVER** THE AGE OF 18, PLEASE DISREGARD THIS FORM AND DO NOT SUBMIT IT WITH THE REST OF YOUR PAPERWORK

George Regional Health System

JOB SHADOW HEALTH QUESTIONNAIRE

NAME: _____ BIRTHDATE: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ PHONE: _____

Please answer the following the questions.

1) In the past 24 hours, have you had any of the following (check all that apply):

☐ Vomiting ☐ Cold ☐ Cough ☐ Rash ☐ Fever ☐ Diarrhea ☐ Runny Nose ☐ None

2) In the past three weeks, have you been exposed to anyone with the following (check all that apply):
☐ Measles ☐ Mumps ☐ Varicella (Chicken Pox) ☐ No exposure

3) Have you been exposed to Tuberculosis (TB) in the last three months? ☐ Yes ☐ No

4) How would you describe your overall health? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

5) If you are sensitive to a hospital environment for some reason (i.e. past hospitalization or traumatic experience) or are prone to seizures or fainting, please indicate that below:

_____

_____

_____

_____

_____

I certify the information given regarding my health to be accurate and to the best of my knowledge.

_____ _____

Signature Date

_____ _____

Parent or Legal Guardian Signature (for those under 18 years of age) Date

GEORGE REGIONAL HEATLH SYSTEM

VOLUNTEER SERVICES

JOB SHADOW PARTICIPANT
DRESS CODE

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

No jeans

No sweatpants

No tank tops or bare midriffs

No baggy clothes or clothes that drag the floor

No exposed undergarments

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

Job Shadow Agreement

General Information:

- Please do not park close to the buildings, we reserve those spots for our patients.
- You will be required to sign a confidentiality statement.
- You must sign in with Mckay Bray and a "Student" badge must be worn at all times.
- Smoking/vaping is prohibited on all GRHS campuses.
- Cell phones must be turned off and stored away during shadowing.
- Photo taking is not permitted at any time.
- You will be accompanied by a staff member at all times.
- Shadowing is strictly observation only. You are not permitted to assist in any way.
- Patient's consent is required for observations. Patients have a right to decline. If this occurs, you will be asked to step out of the treatment area.
- Patient safety comes first. Your shadowing mentor will determine which activities are appropriate for your observation.
- If you have an active infection on the day that you are scheduled to job shadow, such as a cold, flu, conjunctivitis, measles, mumps, or chicken pox, please reschedule.

If you have any concerns or issues while you are shadowing, please discuss them with your mentor or the supervisor in your shadowing area.

I would like to participate in a Job Shadow Experience at George Regional Health System.

I understand that job shadowing is an observation experience only, and that no work is to be performed.

At the start of my job shadowing, I will be assigned to a mentor who will lead me through the day. They will discuss a typical workday and identify the skills that are needed for working in the healthcare setting. I will abide by all policies, rules and regulations of George Regional Health System and follow the direction of the mentor to whom I am assigned.

Liability Release:

I release George Regional Health System and its employees and contracted staff from any claim or liability arising from my participation in the job shadowing program. I understand that I must provide my own transportation to/from the George Regional Health System location.

Dress Code:

It is your responsibility to be neat and well-groomed and present a professional appearance and attitude at all times. Appropriate attire in the areas you will be shadowing. Your appropriate attire and professionalism are very important to us. Each GRHS facility and department does reserve the right to impose a different dress code as appropriate during the shadow experience.

George Regional Health System

Authorization for Medical Treatment:

I hereby authorize GRHS to provide emergency or urgent medical treatment as deemed advisable by any professional healthcare provider on the staff of GRHS. George Regional Health System will not be responsible for the costs of such medical treatment. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care required, and that GRHS will rely on this authorization only in the event of any emergency or urgent situation. In the case of a minor student, every effort will be made to contact the parent/guardian listed as the emergency contact prior to treatment, and the consent will only be used at a time when the parent/guardian consent may not be available.

Customer Service, Inclusion and Respect:

GRHS has a mission of ensuring that inclusion is at the core of what we do every day. Inclusion begins with a core belief that everyone deserves dignity and respect. It is the policy of GRHS to promote an environment free from verbal or physical violence and harassment in the workplace or anywhere on our campuses, and to provide access to immediate assistance in the event of an incident involving potential harm to patients, visitors, and employees.

Cultural Awareness:

Understanding and respecting patients' cultural values, beliefs and practices are important. A patient's ethnic or religious affiliation and/or gender identity may affect how they view healthcare.

Confidentiality of Patient Information:

Patients have the right that their information is kept confidential. As such, GRHS considers that all patient information is confidential. Additionally, both federal and state law requires GRHS to keep patient information confidential (including mental health, HIV, and drug and alcohol related treatment information).

Confidential patient information includes such things as:

- The patient's name and other general information about the patient
- The patient's diagnosis and other medical conditions that the patient may have
- Treatments, tests and medications that the patient receives
- Information in the patient's medical record, contained in GRHS's computer systems or other information that might be posted in the patient's room

As part of the job shadowing program, I understand that I will be in a facility where patients are being treated. Additionally, as a part of the job shadowing program, I may take tours and/or be provided with demonstrations. I understand that through the course of the job shadowing program, tours or demonstrations, I may come into contact with patient information. I understand that GRHS is obligated under both federal and state law to keep patient information confidential.

I further understand that if I encounter patient information through the course of the job shadowing program, tours, or demonstrations, it is solely for the purpose of demonstrating concepts of principles, and not for the purpose of disclosing the patient's information, condition, diagnosis or treatment.

I agree to have my cell phone and other electronics turned off and stored away during shadowing. I agree that I will not attempt to view any patient information. I also agree that I will not copy or otherwise remove any patient information from the facility. Additionally, I agree that I will not disclose to others any patient information that I may come into contact with during shadowing.

Removal from the Job Shadow Program:

I understand that GRHS may remove me from the job shadowing program at any time, for any reason, or no reason at all. This includes, but is not limited to:

- My failure to abide by the terms of this agreement or GRHS policies;
- My failure to act in a responsible and mature manner; or
- If GRHS believes it is in my best interest, or the best interest of its patients or staff.

George Regional Health System

Job Shadow Agreement Signature Page:

By signing below, I agree to the terms outlined in the Job Shadow Agreement and verify that I am at least a senior in high school and at least 17 years old.

Signature of Job Shadow participant:_____

Participant Printed Name:_____ Date:_____

(Signature of Parent/Guardian required if less than 18 years old)

Signature of Parent/Guardian_____

Parent/Guardian Printed Name:_____ Date:_____

Parent/Guardian Phone (work)_____ (cell or home phone)_____

HEALTHCARE CRIMINAL HISTORY
BACKGROUND AFFIDAVIT

State of Mississippi, County of _____

Before me, a Notary Public in and for the County and State aforesaid, personally appeared the undersigned _____,who, after being by me first duly sworn did state upon his/her oath as follows:

a. That the affiant is currently observing at _____, a licensed facility/entity by the Mississippi State Department of Health, or by another entity employed by a licensed facility/entity on a contractual basis.

b. That the affiant has not been convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-33-23(f), Mississippi Code of 1972, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult.

c. That the affiant has not been convicted of or pleaded guilty or nolo contendere to other crimes which his/her employer (1) has determined to be of a nature and/or frequency as to be disqualifying for employment; (2) has adopted such as part of its written policies; and (3) has fully disclosed of such to the affiant prior to his/her requirement during his/her employment, in addition to this affidavit.

d. Further, the affiant sayeth not.

_____ _____
Name of Affiant (printed) Signature of Affiant/Gardian

SWORN TO AND SUBSCRIBED BEFORE ME, this the ____ day of _____, 20_____

_____ _____
Signature of Notary Public My Commission Expires