

## **JOB SHADOWING AGREEMENT**

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 an employee who will lead me through the clinic. They will discuss a typical work day, explore different aspects of working in a healthcare setting, and identify the skills that are needed in the working world. While on the UPMC Rehabilitation Institute premises, I will abide by all policies, rules, and regulations of UPMC and follow the direction of the employee to whom I am assigned.

### ***Liability Release***

I hereby release and discharge UPMC Rehabilitation Institute, its agents, servants, employees, and persons, firms or corporations contracting with, or acting on behalf of, these groups with respect to the activities of the Shadowing Program as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my participation in the activities of the Shadowing Program.

### ***Photo Release***

I understand that there is a possibility that job shadow students may be photographed during their experience to help promote the program. I grant permission to be photographed for this purpose.

### ***Authorization for Medical Treatment***

I hereby authorize UPMC to provide emergency or urgent medical treatment as deemed advisable by any physician or surgeon on the professional staff of UPMC. UPMC 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 UPMC will rely on this authorization only in the event of any emergency or urgent situation. In the case of minor students, every effort will be made to contact the parent/guardian listed 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***

UPMC Rehabilitation Institute 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 UPMC Rehabilitation Institute to promote an environment free from verbal or physical violence and harassment in the workplace or anywhere on the hospital campus, and to provide access to Public Safety and immediate assistance in the event of an incident involving potential harm to patients, visitors, and employees.

**Culture Awareness**

Understanding the respecting patients’ cultural values, beliefs and practices are important. A patient’s ethnic or religious affiliation may affect how they view health care.

**Removal from the Job Shadowing Program**

I understand that UPMC may remove me from the Job Shadowing Program 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 UPMC policies
- My failure to act in a responsible and mature manner; or if UPMC believes it is in my best interest, or the best interests of its patients or staff.

By signing below, I acknowledge that I have read the UPMC Rehabilitation Institute Job Shadowing Guide and agree to the terms and conditions. I agree to comply with UPMC policies and procedures as they relate to my shadowing experience. I verify that I am 18 years of age or older.

Signature of Job Shadowing Participant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of Parent/Guardian: \_\_\_\_\_**  
**(required for students under 18)**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_