



Job Shadowing Application

Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Telephone Number: _____

- 1. Are you a current student? (If no, skip to question number 5) Yes No
- 2. If yes, are you a college or high school student? _____
- 3. Where are you currently attending school? _____
- 4. What is your student status (freshman, sophomore, junior, senior)? _____
- 5. What are your preferred dates and times for shadow experience?

Please provide availability for at least thirty days from now.

****Shadow experiences can be scheduled Monday through Friday 8AM-5PM.**

- a. _____ c. _____
- b. _____ d. _____

- 6. Are you wishing to shadow a particular job? Yes No
- If so, please indicate below: (Ex: nurse, pharmacist, dietician, radiology tech, lab tech, etc.)

- a. _____ c. _____
- b. _____ d. _____

- 7. Do you wish to shadow in a particular department/setting? Yes No
- If so, please indicate below: (Ex: surgical/procedural, general medical, women's hospital)

- c. _____ c. _____
- d. _____ d. _____

- 8. Have you already spoken to a preceptor? If yes, please provide his/her name and contact information. _____

- 9. What do you hope to gain from this experience? _____
