



J.C. Blair Human Resources
1225 Warm Springs Avenue
Huntingdon, PA 16652

Office Use Only

Receipt of Application _____
Interview _____
Receipt of References _____
Confidentiality _____
Health Clearances _____
Orientation _____

Career Shadow Application

Personal Information:

Last Name First Name Middle Initial

Current Address City/State Zip Code

Permanent Address (if different from above) City/State Zip Code

Phone Email Address Date of Birth

Current Status:

_____ High School Student School: _____

_____ College/University Student School: _____

_____ Community Resident

Area/Department of Interest:

Choice #1

Choice #2

Choice #3

Number of Hours Requested: _____ Deadline for Shadowing Experience: _____

Career Shadow Shift Preferences:

Shift (please be as specific as possible with hours)

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

Thursday _____

Waiver for injuries or damages resulting from career shadowing

The undersigned is in consideration of being permitted to serve as an observer for career exploration at J.C. Blair Health System, does hereby release and forever discharge the J.C. Blair Health System, and all of its Directors, Officers, Agents, and Employees from all claims, causes of action, judgements, and legal remedies, which I, or my executors, administrators, trustees, receivers, or assigns may ever have or claim by reason of my contracting any diseases as a result of such voluntary activities, or my suffering personal injuries or property loss during the course of performing such activities or while traveling to or from the Health System to perform such activities provided that this release does not diminish or dilute the undersigned's rights, if any, under any insurance coverage provided by J.C. Blair.

Printed Name

Signature

Date

Statement of Confidentiality

As an observer of J.C. Blair Health System, I agree to abide by and adhere to the following Policy and application regarding confidentiality:

It shall be the policy of J.C. Blair Health System to prohibit observers from disclosing any information regarding the Health System or its operations, or its patients to individuals not authorized to receive such information. Additionally, unauthorized access to information, including but not limited to patient records, financial statements, personal records, etc., regardless of whether or not the information is disclosed, is strictly prohibited. Observers violating this policy will be subject to disciplinary action up to and including discharge.

Printed Name

Signature

Date

Agree to Statement

I authorize investigation of all statements contained in this application. By submitting this application form, I certify that the information given is true. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration of observing or dismissal from J.C. Blair Health System career shadowing program if I have become an observer.

Printed Name

Signature

Date

Printed Name of Parent *(if under 18)*

Signature

Date

The following information will need to be provided prior to career shadowing.

- Completed application
- Up-to-date immunization record
- Copy of photo identification
- Signed Confidentiality Statement with immediate supervisor's signature