



Job Shadow Application

Metro Health Use	
Dept Assigned:	_____
Date & Time Assigned:	_____
With Employee:	_____
<input type="checkbox"/> Application	
<input type="checkbox"/> Confidentiality Agreement	
<input type="checkbox"/> Health Screening	

Today's Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Phone: _____ Date of Birth: _____ Male Female

Home Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

In case of an emergency, contact: Name: _____ Relationship: _____

Phone: _____

Name of School/Company: _____ Grade (if applicable): 9th 10th 11th 12th
 college/trade school

Days available for job shadow experience: Mon Tue Wed Thu Fri

Times available for job shadow experience: Morning Afternoon

Or, list specific dates and times you are available: _____

Job/Area of interest: 1st Choice: _____ 2nd Choice: _____

(Please Note: Emergency, Surgery, Recovery, ICU, and Labor & Delivery are not available)

Why are you requesting this shadow experience? What do you expect to learn?

I have read and understand the information on the Information Sheet. Should I need medical attention during or as a result of this job shadowing experience, I assume full responsibility for any treatments deemed necessary. I assume responsibility of all medical costs which result and release Metro Health of all liability. I give the facility at which job shadow is being conducted permission to release my telephone number or contact instructions to the requested department. While I am job shadowing at any site under Metro Health, I realize that all healthcare information, patient/resident care and records are a confidential matter. All information exchanged while I am observing must be held in strictest confidence.

Applicant Signature: _____ Date: _____

I have read and understand the information on the Information Sheet and authorize my son/daughter to participate in this job shadowing experience. Metro Health shall not be held responsible for adverse occurrences and/or outcomes. Should my child need medical attention during or as a result of this job shadowing experience, I authorize such medical care and assume full responsibility for any treatments deemed necessary. I assume responsibility for all medical costs which result and release Metro Health of all liability. I give Metro Health permission to release my son/daughter telephone number or contact information to the requested department.

Parent Signature: _____ Date: _____

(if applicant is under the age of 18)

For All Job Shadows (excluding Nursing), please submit application to:
Metro Health Hospital
Attn: Jennifer DeVries, Volunteer Services
PO Box 916
Wyoming, MI 49509
Email: jennifer.devries@metrogr.org
Phone: 616.252.7009 ▪ Fax: 616.252.0120

For Nursing Job Shadows, please submit application to:
Metro Health Hospital
Joyce Dougherty, Nursing Administration
PO Box 916
Wyoming, MI 49509
Email : joyce.dougherty@metrogr.org
Phone: 616.252.7220 ▪ Fax: 616.252.0220



Job Shadow Information Sheet

Please read the following information prior to submitting your application:

General Information

1. A job shadow is an opportunity to observe an employee. Job shadow participants are not permitted to provide any aspect of patient care.
2. A job shadow experience may be scheduled for 3-6 hours during daytime hours.
3. If you are unable to report for your scheduled job shadow experience, please notify Jennifer DeVries at 252-7009.

Infection Control

Proper hand hygiene helps prevent the spread of infections from one person to another. Hand hygiene products, which contain a special antibacterial agent, are available in the rest rooms, work areas and cafeteria. Hands should be rinsed well using friction to remove residual soap.

Hazardous Materials

Potentially hazardous chemicals and materials are used in certain areas as part of the daily operation of a department. Material Safety Data Sheets (MSDS) which describe the hazard and handling instructions for all chemical products are available online and by fax.

Smoking

The entire hospital campus and outpatient centers are smoke-free.

Dress Code

Please adhere to the following dress code, unless otherwise directed:

- Comfortable closed-toe shoes with socks or hose
- Uniform, or shirt (no slogans) with slacks or skirt (no jeans, sagging pants, t-shirts, low-cut or midriff-baring shirts; skirts may not be more than 2" above knee)
- Minimum jewelry (no facial piercing jewelry)
- Minimum make-up
- No fragrance
- Well-groomed hair

Health Requirements

You must be in good health and immunizations/boosters must be up-to-date. Completion of the Health Screening Form is required.

Confidentiality

Please read and sign the attached confidentiality agreement.