



Job Shadow Request Packet

Valley Children's Hospital offers the Job Shadow program as a means of career exploration with one of our professionals. The job shadowing experience is temporary, unpaid exposure to the workplace in a career area of interest. Job Shadow participants will get the opportunity to witness the work environment, occupational skills in practice and overall hospital operations for potential career possibilities.

Job Shadow Participant Requirements and Guidelines:

1. Must be at least 13 years of age to job shadow. Minors are required to submit a consent form signed by a legal guardian.
2. Must submit documentation for Flu vaccine (if requesting to shadow during current flu season - generally between November 1 and March 31)
3. Job Shadow participation is limited to 7 days in a calendar year
4. Job Shadow is observation only
5. All Job Shadow Participants must adhere to the "Participant Dress and Grooming Standards" included in the Job Shadow Request packet.

Steps for requesting a job shadow:

1. Submit all completed Job Shadow Request forms along with required vaccination documentation to the Recruitment Services Department via email at recruiting@valleychildrens.org. Please note that submitting incomplete paperwork could result in a delay as complete requests will take priority.
2. Job shadow request are processed in the order that they are received. You will be contacted by Recruitment with further instructions, typically within 7 business days.



Job Shadow Participant Personal Information Sheet

Please complete the following information and be sure to include your local contact information:

School Affiliation (if any): _____

Name: _____ Are you 18 years of age or older: Yes No

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell/Message Phone: _____

Email: _____

Reason for job shadowing (include areas of interest): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Is there any medical information that you would like to share with us in case of an emergency? Please include any known allergies that you may have to certain medications:

PLEASE NOTE THAT ALL INFORMATION SHARED ABOVE WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL ONLY BE RELEASED TO MEDICAL PERSONNEL IN THE EVENT OF AN EMERGENCY-TYPE SITUATION.

I have reviewed all job shadow requirements and guidelines and reviewed and signed the **Confidentiality Agreement for Non Employees** as well as the **Participant Dress and Grooming Standards**. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence at Valley Children's Hospital. I also understand that the job shadow program is strictly observation only and that I will not be receiving volunteer credit for this experience.

Participant Signature

Date



CONFIDENTIALITY AGREEMENT FOR NON-EMPLOYEES

I, the undersigned, acknowledge that during the course of my voluntary participation or performance of duties at Valley Children's Hospital that I may receive access to confidential information of Children's that is prohibited from disclosure to others.

"Confidential Information" means information provided by Children's that is not commonly available to the general public, or is required by law or regulation to be protected from disclosure to third parties not considered part of the Hospital's "workforce" as that term is defined by federal and state health information privacy regulations such as the Health Information Portability and Accountability Act and the California Confidentiality of Medical Information Act. Confidential Information includes information contained in patient medical records and any other health information which identifies a patient; quality assurance, research or peer review information; and information concerning Children's employees, services or business operations. Such information can be acquired by any means and in any form, written, spoken or electronic.

I agree not to share, disclose or discuss Confidential Information with anyone who does not have a legitimate interest in such information. I will abide by Children's policies and procedures concerning the use or disclosure of Confidential Information and I will contact a Children's representative if I have any questions regarding these policies and procedures.

I will maintain and protect the privacy of Children's employees, medical staff and patients in my use and disclosure of Confidential Information and I will not misuse or be careless with such information.

I understand that any violation of this Agreement or Children's policies related to access, use or disclosure of Confidential Information may result in significant legal ramifications for which I will be held solely responsible with respect to this Agreement.

I acknowledge that I have reviewed all of the information above. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence at Valley Children's Hospital.

Name (please print)

Date

Signature



Job Shadow Participant Dress and Grooming Standards

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 shorts
- No sweatpants
- No tank tops or bare midriffs
- No baggy clothes or clothes that drag the floor
- No exposed undergarments
- No scrubs – *unless requested by the department where the shadow will occur*

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

I have received and understand the guidelines provided to me regarding the dress and grooming standards of job shadow participants at Children's Hospital. I understand that all job shadow participants are required to comply with the dress and grooming standards and that failure to do so will result in program non-participation.

Job Shadow Participant Name (PRINT)

Job Shadow Participant Signature

Date



Job Shadow Parent/Guardian Consent for Minors (Complete if applicable)

I understand that my son/daughter (a minor) has requested to participate in a job shadowing experience at Valley Children's Hospital. This experience with an employee will allow them the opportunity to be led through a job environment. They will discuss a typical workday and explore different aspects of working in their particular field. **This experience is for observation only and credit will not be given for any community service and/or volunteer hour requirements your child may have.**

In granting this permission, I assume full responsibility for any damage to person or property caused by my child or ward. Further, I hereby waive any claim for liability against Valley Children's Hospital, including its employees and representatives, and release them from all liability in connection with this experience.

Should it be necessary for my child to have medical treatment while participating in the job shadow experience, I hereby give Valley Children's Hospital personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the staff of Valley Children's Hospital to render whatever medical treatment they deem necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, if needed.

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

Job Shadow Participant Signature

Date

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

Parent/Guardian Phone Number