



Job Shadow Application

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|---|-----------------|-----------------|
| Last Name: | First Name: | Middle Initial: |
| Home Address: | | |
| City, State, Zip: | | |
| Home Phone: | Cell Phone: | |
| E-mail: | Date of Birth: | |
| Name of School: | Year in School: | |
| If you are under 18 please list name and contact information for parent/legal guardian: | | |
| Name: | | |
| Relationship: | Contact #: | |
| Parent/guardian signature: | | |
| Occupation or department you want to shadow: | | |
| Name of person you would like to shadow with, if known: | | |
| Briefly describe your reason for wanting to job shadow, including your learning and career objectives, number of hours you want to shadow, observational requirements, etc. | | |
| What date(s) and time(s) are you available for your job shadow? | | |
| Emergency Contact Name (1): | | |
| Relationship: | Phone: | |
| Emergency Contact Name (2): | | |
| Relationship: | Phone: | |
| Do you have any limitations or special needs which need accommodation? Explain: | | |
| Have you ever volunteered or been employed by St. Luke's? If yes, when? | | |
| Do you have family members employed at St. Luke's? Who? | | |
| The information provided on this application is true and complete to the best of my knowledge. I have read the self-study orientation. | | |
| Date: | Signature: | |