

West Tennessee Healthcare Student Job Shadow Application

Personal Information:

Name _____

Home Address _____

City, State, Zip _____

Phone _____

School you attend _____ Grade _____

Are you under 18 years of age? ☐ Yes ☐ No If yes, date of birth _____

***If under 18, you must complete the attached Parent/Guardian Consent Form.**

Department Information:

In what area will you be observing i.e. radiology, surgery, physical therapy? (If you do not already have a job shadow appointment, you may list areas of interest.)

Name of your contact in that area (if known) _____

What date are you observing (requesting to observe)? _____

For how many hours will you be observing (must be eight or less)? _____

Thank you for choosing to job shadow at Jackson-Madison County General Hospital. You are required to complete a brief orientation on the Patient and System Confidentiality Policy of West Tennessee Healthcare as well as complete a brief training session on HIPAA (Health Information Portability and Accountability Act). You will be given a name tag that you must wear while shadowing.



Guest Resources Department, An Affiliate of Jackson-Madison County General Hospital
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