



COLUMBUS

C O M M U N I T Y   H O S P I T A L

## JOB SHADOW APPLICATION

ED-7 2/2016

DATE: \_\_\_\_\_

### STUDENT INFORMATION:

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

HOME  
ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

### EMERGENCY NOTIFICATION:

NAME: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

### SCHOOL INFORMATION:

GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

COUNSELOR/SPONSOR: \_\_\_\_\_

Please return this completed application along with: (note if requesting Surgery shadow please also complete Observation forms)

- ☐ Job Shadowing Competency
- ☐ Confidentiality Statement (ED-8)
- ☐ Job Shadow Goals & Objectives (ED-9)