



Job Shadow Request Form

This one-time educational experience introduces students to a particular job or career by pairing them with a healthcare employee for a period of 8 hours or less. The student will follow or “shadow” the employee as he/she performs normal work activities. The student may observe, ask questions, and gain first-hand knowledge of a career and the workplace environment.

Note: The minimum age for shadowing in a Roper St. Francis Healthcare facility is 14 years old. The Department Manager’s approval must be obtained. The student will not perform direct patient care or enter Isolation areas. Students requesting long-term experience should be processed through the volunteer department and attend volunteer orientation.

For more information call 724-2080 at Roper Hospital or 402-1156 at Bon Secours St. Francis Hospital.

To be completed by Applicant:

Name: _____ Age: _____

Home Address: _____ (zip)

Email: _____ Phone: _____

School: _____ Grade: _____

Name, address and phone number of person to be contacted in case of any emergency:

Name: _____ Phone: _____

Do you have friends or relatives currently working/volunteering for Roper St. Francis Healthcare?

Yes No If yes, give their name, relationship and Department: _____

Career Interests: (if known) _____

Date requested: _____ Alternate Date: _____ Time requested: _____ to _____

Department Requested: _____

Employee Requested (if known): _____

I will be under the supervision and direction of my assigned mentor. I understand that the confidentiality of the employees and patients of Roper St. Francis Healthcare must be respected at all times. I understand that information concerning patients, their illness or their families is private. Medical records are by law confidential and should remain private. I understand that a breach in confidentiality may be in violation of federal and /or state statutes and regulation and subject to prosecution under the law.

Signature: _____ Date: _____

(student)

Parent/Guardian signature required if participant is under the age of 18:

My daughter/son has permission to job shadow at Roper St. Francis Healthcare as requested above.

Parent/Guardian Signature: _____ Date: _____

Employee Mentor:

I, _____ agree to supervise and be responsible for _____ (*student's name*) during his/her job shadowing experience, making sure Roper St. Francis Healthcare policies, are followed and patient's privacy and safety is respected.

Employee: _____ Dept: _____ Date: _____

What did you learn? We love to hear comments about your experience:

Was any Roper St. Francis Healthcare particularly helpful during your times with us? How?

Return a copy of this form to the Volunteer Office

