

GUNDERSEN HEALTH SYSTEM®

JOB SHADOW APPLICATION

This form is required for individuals requesting to job shadow or observe at Gundersen Health System. Upon submission, this application will be reviewed and you will be notified via email if your request has been accepted or declined. If you have any questions regarding this form, please contact GHSJobShadows@gundersenhealth.org. This form (and accompanying forms) should be submitted **30 days prior** to your requested observation dates.

Participant:

Name _____ Age _____

Phone Number _____ Email: _____

Name of Current School/College _____ College Major _____

Are you a current GHS employee or volunteer? [X] _____ Yes _____ No

Are hours required for your education? [X] _____ Yes _____ No

Please provide your top three areas of interest (ie. department and/or position) in order of preference:

Area(s) of interest _____

Area(s) of interest _____

Area(s) of interest _____

Have you contacted someone at GHS who is willing to mentor you? [X] _____ Yes _____ No

If yes, please provide their name here: _____

Please indicate your availability below [X]:

Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Time of Day: Morning _____ Afternoon _____

Specific Date(s): _____

Emergency Contact Information

Name: _____ Relationship _____

Phone Number: _____

I represent that information provided in this application and all other forms is accurate and complete. I understand that a condition of this application is that any misrepresentation, misstatement, or omission from this application, whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of further shadows at Gundersen Health System.

Signature of Participant

Date

Signature of Parent/Guardian of Minor (if applicable)

Date

All decisions with regard to shadows or observations will be at the discretion of Gundersen Health System designated representatives.

Please email all completed documents to GHSJobShadows@gundersenhealth.org.

Do not assume a request has been approved until you have **received confirmation** from Gundersen Health System.