



Job Shadow Application

Thank you for your interest in Job Shadowing at Denver Health! Denver Health's Job Shadow Program is open to high school and undergraduate college students considering a career in healthcare. The program is not open to students currently enrolled in a medical, nursing, pharmacy or other clinical educational programs.

Eligibility:

1. Individuals aged 14 or older and currently enrolled in high school or a college undergraduate program who are considering a career in health care
 - a. To shadow personnel in the Operating Room or the Intensive Care units, the individual must be at least 16 years of age.
 - b. To shadow personnel in the Emergency Department, the individual must be at least 18 years of age.
 - c. Shadowing is not permitted in the Behavioral Health/Psychiatry units or clinics or the Forensic Unit.
2. Job shadow applicants will be required to:
 - a. Provide proof of current immunizations for COVID-19, rubella, measles, PPD within the last year or negative chest x-ray, and seasonal influenza (if observation is between October and March.)
 - b. Sign an Observer and Confidentiality Agreement.
3. High school or college undergraduate job shadow applicants should submit their complete packet to HR no later than two weeks before the desired date of shadowing.

Please complete the following information to participate in the job shadowing program.

Today's Date: _____

Name: _____
Last First M.I.

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

Are you under the age of 18? YES NO

(If no, skip to emergency contact)

If yes, please provide: Date of Birth _____ Age _____

Parent/Guardian Name: _____
Last First M.I.

Emergency Contact

Name _____ Relationship _____

Address _____ Phone _____

Present Employer (if applicable)

Company/Organization Name _____

Address _____

Education Status

Are you currently enrolled in high school? YES NO

Are you currently enrolled in an undergraduate program? YES NO

List highest level of education completed, school, dates, and course of study: _____

Limitations

Do you have a medical condition or disability that requires a special accommodation? YES NO

If yes, please specify so that Denver Health can ensure an appropriate accommodation is provided

Assignment Request

Area of 1st choice _____ 2 choice _____

Which specific provider will you be shadowing under? _____

NOTE: Denver Health will not find a provider for you to shadow. You must have received permission from a specific provider to shadow prior to submitting this application.

Is there a specific date or timeline in which the Job Shadow must be completed? _____

Referred to Job Shadow program by: _____

Please explain why you want to shadow a health professional at Denver Health: _____

Is there any other information we should know? _____

Shadow Applicant's Signature: _____ Date: _____

Please return this application to:
Denver Health
Attn: Job Shadowing
Email: jobshadow@dhha.org



To be completed by Denver Health:

Assigned Host(s): _____

Shadow Date(s): _____

Department Assignment: _____

Signature: _____ Date: _____

Date Approved: _____