



Riverside Health System is committed to quality healthcare, safety and the confidentiality of our patients, staff and students. In order to properly facilitate your request for participation in the Job Shadowing Program, please submit the following application along with a \$15.00 check/money order, payable to RCHC. Inquiries and completed applications should be sent to the address above.

Students must be high school graduates and at least 18 years of age to participate in this program.

APPLICANT'S PERSONAL INFORMATION

PLEASE PRINT:

Form fields for personal information including Full Name, Social Security No., Application Date, Present Address, Home Phone, Other Phone, Email, Birthdate, College/University, Program, Person to Notify, and Address.

HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES NO

If Yes, when: Please explain:

APPLICANT'S PREFERENCES

PLEASE SELECT THE FACILITY WHERE YOU WOULD LIKE TO PERFORM YOUR JOB SHADOWING EXPERIENCE:

- Facility selection options: Riverside Regional Medical Center, Newport News; Riverside Walter Reed Hospital, Gloucester; Riverside Tappahannock Hospital, Tappahannock; Riverside Shore Memorial Hospital, Onancock; Riverside Doctor's Hospital, Williamsburg; Riverside Lifelong Health -- Preferred location; Other (Please specify)

MONTH YOU WOULD PREFER TO PARTICIPATE: NUMBER OF HOURS REQUESTED:

BRIEFLY EXPLAIN WHICH AREA / DEPARTMENT YOU WOULD LIKE TO OBSERVE AND WHY:

WOULD YOU LIKE US TO CONTACT YOU REGARDING OTHER RIVERSIDE HEALTH SYSTEM OPPORTUNITIES?

- Contact preferences: YES NO; If yes, check all that apply: Riverside College of Health Careers Educational Programs; Riverside Career Opportunities, Job Fairs, Employment Benefits; Riverside Health Events, Health Information, Health Screenings

DISCLOSURE AGREEMENT

PLEASE READ CAREFULLY. EACH PARAGRAPH MUST BE READ AND INITIALED, AND THE APPLICATION MUST BE SIGNED. *For the purposes of this disclosure, RHS is otherwise known as Riverside Health System.*

- I understand that I am not an employee, agent, partner of, or in joint venture with RHS. I hereby release, indemnify, and hold harmless RHS, its employees, participating hospitals, participating facilities, officers and agents from any and all liability arising out of or resulting from my participation in the Job Shadowing Program. _____ *INITIAL*
- I understand that in the Job Shadowing experience **I am not to have any physical contact with a patient or their associated health care or therapies.** This includes any verbal contact where health education, information and/or advice are exchanged. _____ *INITIAL*
- To the best of my knowledge, I certify that I am in good health and have no pre-existing conditions that may have an effect on a patient's health or recovery, i.e., tuberculosis, influenza, etc. _____ *INITIAL*
- I agree to complete all HEALTH REQUIREMENTS that are required by the department where I am placed. Health requirements may include but are not limited to: TB (tuberculosis) immunity testing, proof of influenza (flu) vaccination (*during flu season*), a criminal history background check. _____ *INITIAL*
- I understand that I will not be covered by health insurance, Workman's Compensation Insurance or life insurance provided by RHS. _____ *INITIAL*
- I understand that during the course of my experience, I may become aware of confidential information concerning patients or employees. **I will not use, disclose, or release any information concerning any employee or patient of RHS to any person without the expressed permission of my RHS educational supervisor.** _____ *INITIAL*
- I agree to act in a professional manner at all times. I understand that I must abide by the rules, regulations, policies and procedures of the RHS facility where assigned for my experience. In addition, I agree to wear the appropriate attire (either provided or approved) and will display my visitor's badge at all times. _____ *INITIAL*
- I understand that before I begin, I will be asked to complete all of the following educational tutorials relating to: Basic Introduction to Infection Control, Fire Safety, Chemical Hazards, HIPAA, Prevention of Blood Borne Pathogen Exposure (to include information about Hepatitis B). _____ *INITIAL*
- I understand that my continued participation in the Job Shadowing Program is at the sole discretion of RHS. _____ *INITIAL*

SIGNATURE

DATE

AUTHORIZED BY: Director, Education Campus Policy Committee Chair		
DATE OF ORIGIN: 8/9/2011	LAST DATE OF REVIEW: 12/7/2018	LAST REVISION DATE: 12/7/2018