**Reading Hospital Job Shadowing Application**

|  |  |
| --- | --- |
| Name: |  |
| Age: |  |
| Email: |  |
| High School / College |  |
| Current Grade / Year |  |
| Parent/Guardian Name: |  |
| Phone Number: |  |
| Department you would like to shadow under: |  |
| Please provideavailable dates and times that you are able to participate in a shadowing experience. ***(Be Specific)***   * Proposed shadowing dates and times should not be expected to occur prior to 30 days after submitting this form. * The shadowing experience will last a ***maximum of 4 hours,*** with the opportunity to shadow twice per calendar year. * Start times should begin anytime between (8:00am-4:00pm). * Weekend observations are not permitted unless otherwise discussed. | |
| |  |  | | --- | --- | | Date | Time | |  |  | |  |  | |  |  | |  |  | | |
| By Signing this form you agree to follow the shadowing policy and confidentiality agreement.  Also, you are agreeing to complete a shadowing survey to provide feedback on your experience.  Signature: Date:  Parent or Guardian Signature: Date:  Completed forms can emailed to Brandon.monk@towerhealth.org or Faxed (484-628-9598) Attn: Brandon Monk. If you would like to drop-off the forms at the Hospital, please contact Brandon Monk, Community Health Coordinator at (Brandon.monk@towerhealth.org or by phone 484-628-4977) to schedule a drop-off time. | |