Volunteer Services

Southern Ohio Medical Center

Very Good things are happening here

SHADOW FORM

Total Hours Requesting _____

personal

Student Name _____ Phone _____
Address _____ Cell _____
City/State/Zip _____
Email _____ Are you currently a student? ___yes ___no
Name of School/University/Trade Program affiliated with _____
Is this a requirement for a class/course in which you are currently enrolled: ___yes ___no
Department Requesting _____
Briefly describe your reason for wanting to job shadow _____
_____
In emergency, contact _____ Phone _____Relationship: _____
If under 18 ☐ (Check box)
Have you ever been convicted of, pled guilty to, or pled no contest, to a felony or a misdemeanor ___yes ___no.
If yes, explain _____
_____
Have you had a 2-Step TB Skin Test in the last 12 months? ___yes ___no
Have you had a Flu vaccination in the last 12 months? ___yes ___no

TB 2-Step copy received ☐
Flu vaccination ☐
COVID Vaccine Record
Or Signed Declination ☐

During Influenza season (October—March) documentation of influenza vaccination for the current season will be required. _____Date of Influenza vaccination
Days you are available to shadow _____

set-up (for office use)

Shadowing Orientation scheduled for _____ @ _____ Orientation completed ☐
# of Hours _____ Department _____ Ext. _____
Scheduled for _____ (date) _____ (time) _____(contact)
# of Hours _____ Department _____Ext. _____
Scheduled for _____ (date) _____ (time) _____(contact)

Understanding and Release Statement
Southern Ohio Medical Center

I understand that I am responsible for any illness or injury that I may incur while participating in the Shadow Program and accept responsibility for any and all expenses that may result from such illness or injury. I hereby release Southern Ohio Medical Center, employees, officers, members of the Board of Directors and members of the medical and clinical staff from any responsibility related to any such illness or injury. I understand that I will not receive wages and am ineligible for associated unemployment compensation or workers compensation claims.

_____ _____
Applicant Date

_____ _____
Parent Signature (if under 18 years) Date

A 2-Step TB Test must be completed and results submitted to SOMC Volunteer Services, along with COVID Vaccine Card or signed declination prior to being scheduled for orientation. After attending shadowing orientation you will be scheduled to shadow. Every effort will be made to accommodate your request, but we cannot guarantee that we will be able to match you with a certain area/department.

✓

Badge # _____ Date Badge Given _____ Date Badge Returned _____