



Job Shadowing Program:

Thank you for your interest in participating in the OSS Health Shadowing Program. The Job Shadow Program provides learning opportunities to help you explore a career in healthcare. The purpose of this Shadow Program is to broaden your understanding of a particular career by observing an experienced, competent mentor while they perform their job duties and responsibilities within the work environment. Through this experience we hope you will gain a better understanding of the connection between school, work, and your professional goals. A typical job shadow experience lasts **four to eight hours (one day)** not exceeding three days. During the Job Shadow experience; workplace observations and mentor interactions are strongly encouraged; however, **patient contact is NOT permitted**.

Eligibility Criteria:

In order to participate in the Shadow Program, you must meet **ALL** the following criteria:

- Must be at least 17 years of age or older
- Must be at least a senior in High School or above
- Must be a student in good standing
- Must have an interest in pursuing a career in healthcare

You must meet **ALL** of the criteria above to participate in the Job Shadow Program.

Please note – per OSS Health policy, candidates requesting to job shadow in the surgical suite must meet eligibility requirements of 18 years of age or older AND enrolled in a Medical or Allied Health School.

Process:

To apply for participation in the Job Shadow Program, follow these steps.

- Read the Shadowing Program overview and all required forms
- Make sure you meet all the eligibility criteria
- Complete the application and other required forms
- Submit your fully completed application and forms for review **30 days prior to your requested shadowing date**
- After the application and all required forms are received and reviewed, you will be contacted by an OSS Health staff member to schedule your shadowing experience.
- **If any of the forms are missing or incomplete, you WILL NOT be contacted.**

Due to the number of requests received and the length of time to prepare each experience, a **minimum of 30 days is required to complete arrangements**. Every effort will be made to schedule your experience in a timely manner.



Application and Required Documentation:

The following must be completed and **submitted all together** to be considered for the Shadow Program. Please note - we do not accept electronic or typed signatures.

1. Job Shadow Application
2. Job Shadow Agreement Signature Page
3. Parental Consent Form/Release of Liability (if participant is 17 yrs old)
4. Intent to Participate Form/Release of Liability (if participant is 18 yrs or older)
5. Guidance Counselor Form (if participant is in high school)
6. Confidentiality Agreement
7. Last Page of Job Shadow General Orientation Handbook

Please note - we do not accept electronic or typed signatures.

If any of the forms are missing or incomplete, you WILL NOT be contacted.

Your Responsibilities:

Your responsibilities throughout this unique shadow experience include the following.

Before shadowing:

- To submit the application and ALL required forms by mail, email or fax to:
OSS Health
Attn: Hannah Pugh, HR Records Administrator
1855 Powder Mill Road
York, PA 17402
Fax: 717-741-9630
Email: hpugh@osshealth.com
- For questions please email Hannah Pugh at hpugh@osshealth.com

During shadowing:

- To observe the mentor performing their daily duties and responsibilities
- To engage in taking notes and asking questions to expand your knowledge of the observed profession
- To remain with the mentor at all times while in work areas
- To avoid any interference with the mentor's ability to perform their duties

Provided that a shadowing opportunity exists within OSS Health that meets your career interests, we will assist with coordinating this experience for you. **We will contact you to further discuss scheduling after you have submitted all of the above required forms.**

We are excited to provide this valuable and rewarding experience to you!



Job Shadow Application:

1. First Name _____ Last Name _____
2. Address _____
3. Phone Number _____ Date of Birth _____
4. Email Address _____
5. Are you in college or high school? _____ Anticipated graduation date? _____
6. School currently attending _____
7. Present grade/level _____ Program/Major _____
8. Emergency Contact _____ Relationship to you _____
9. Emergency Contact Phone Number _____
10. At which OSS Health location do you wish to shadow? _____
11. What department or specialty do you wish to shadow? _____
12. What type of health care job do you wish to shadow? _____
13. What are your preferred dates for your shadow experience? **Please provide three available dates that are at least 30 days from now.** Shadowing can be scheduled Monday-Friday, daytime hours.
 1st choice _____ 2nd choice _____ 3rd choice _____
14. Have you already spoken to an OSS employee that you wish to shadow? If yes, please provide their full name and any details. _____

15. Purpose of Job Shadowing? _____

(Student Applicant Signature)

(Today's Date)

FOR OSS HEALTH USE ONLY: (do not write inside this box)	
<input type="checkbox"/> Is 17 years of age or older <input type="checkbox"/> Is at least a senior in high school or above <input type="checkbox"/> 1. Job Shadow Application (<i>attached</i>) <input type="checkbox"/> 2. Job Shadow Agreement Signature Page <input type="checkbox"/> 3. Parental Consent Form (17 yrs) <input type="checkbox"/> 4. Intent to Participate Form (18 yrs & older) <input type="checkbox"/> 5. Guidance Counselor Form (HS seniors) <input type="checkbox"/> 6. Confidentiality Agreement <input type="checkbox"/> 7. General Orientation Signature Page <input type="checkbox"/> Send to OSS contact _____	Schedule shadow date: <input type="checkbox"/> Name of Mentor _____ <input type="checkbox"/> Date of Job Shadow _____ <input type="checkbox"/> Time of Job Shadow _____ <input type="checkbox"/> Location of Job Shadow _____ <input type="checkbox"/> Added to shared "Shadowing" calendar in Outlook <input type="checkbox"/> Scan & email this page back to Hannah Pugh Notes: