



## Bellin Health Job Shadowing – High School Students

### Objective:

To provide high school students the opportunity to complete job shadowing with a variety of professionals within healthcare. This will enable students to see how various health professionals work individually and together to promote increased health and wellness in our community, while also guiding the students on a possible future career path. It is recommended that students are in good standing in school with regards to attendance and grades, as these are factors that are essential in success in college and professional studies for most healthcare careers. We recommend a cumulative GPA of at least 2.5 for consideration.

### Careers Available for Potential Observation:

Physical Therapist  
Occupational Therapist  
Speech Language Pathologist  
Licensed Athletic Trainer  
Certified Strength and Conditioning Specialist  
Dietician  
Personal Trainer  
Pharmacist

Nurse  
Lab Technician  
Radiology Technologist (X-ray and CT scan)  
Diagnostic Medical Sonographer (Ultrasound)  
Physician (Family Practice or Sports Medicine)  
Nurse Practitioner  
Physician Assistant  
Pharmacy Technician

### Job Shadowing Allowances:

Job shadowing opportunities are available the **FIRST TUESDAY** and **THIRD THURSDAY** of the month from 8:00AM-12:00PM. Students need to be able to commit to the full 4-hour block of time. Please be aware that it may take up to 4 weeks to schedule your hours from the date that application materials are received.

In some cases, it may not be possible to place a student with the profession of their choice or during the date of their choice (due to availability, etc.). In this case, the student shall be notified that the opportunity is not available within 2 weeks of application submission so that they can elect to choose a different timeframe for observation and/or choose a different profession for job shadowing.

The maximum number of hours allowed to job shadow is 4 per occupation per school year. Students may complete additional job shadowing opportunities in subsequent school years, but will need to re-submit the application/requirements each year. Students may complete job shadowing opportunities with more than one health care occupation (up to 2 occupations per school year), but will need to submit a separate application for each opportunity.



## Application Requirements:

Students will need to complete all of the following requirements:

1. Application.
2. Reference Letter – to be completed by a teacher, principal, vice principal, or guidance counselor
3. Emergency Contact Form.
4. Career Interest Form.
5. Confidentiality Form (top half completed).
6. Verification of Influenza Vaccination for the current flu season.
  - a. Flu season is November 1 to March 31.
  - b. Students can receive verification from the pharmacy or physician office where the vaccine is given. No exceptions will be granted. If a student does not receive a flu shot, they will not be allowed to complete any job shadow hours during the current flu season.
7. Completion of mandatory Power Point module viewing.
  - a. Modules are available on the website [www.ggbha.org](http://www.ggbha.org). Hover over the heading for “Clinicals/Rotations” and select “Students.”
  - b. There are 4 Power Point modules that need to be reviewed:
    - i. Infection Control, Bloodborne Pathogens, and Isolation Precautions
    - ii. HIPAA Confidentiality and Compliance Orientation
    - iii. Patient and Caregiver Safety
    - iv. Professional Expectations in the Workplace

## Additional Requirements/Policies:

1. Attendance: Students are responsible for their own transportation to/from the designated site for each observation. Students are expected to be on-time. Any absence must be excused by the student's parent/guardian and notification provided to Bellin Health student coordinator (contact information listed below) at least 24 hours in advance of the absence. In the case of illness, notification of absence must be provided no later than 7:30 am on the day of the scheduled experience. Bellin Health student coordinator will attempt to reschedule one excused experience, if staff availability allows. Students will be dismissed from further job shadowing for any non-excused absence or for more than one excused absence.
2. Dress code: Students are to present a tidy appearance at all times as their appearance reflects directly upon Bellin Health.
  - a. Dress should be business/professional (ie. khakis/dress pants and nice dress shirt/polo, clean shoes with a closed toe and heel). NO leggings, t-shirts, or tank tops. Shirts should not have any screen printing or writing on them.
  - b. Jewelry should be kept to a minimum.
  - c. Hair styles must be neat and well kept.
  - d. Make-up and perfume should be used in moderation.
  - e. Bras and underpants are required and should not be visible.
  - f. Socks or hosiery must be worn at all times.
  - g. It is the responsibility of the student to be free of body odor and cigarette smoke odor.
  - h. A nametag must be worn at all times when on site. Bellin Health will provide materials for a nametag.
  - i. Visible tattoos must be covered and any facial piercings should be removed or covered.
3. Cell phones: Cell phones must be silenced and put away during observation hours.



4. Equipment: Students are not allowed to use any of the equipment while completing observation hours, unless specifically directed by the supervising health professional. This includes treatment tables.
5. **Bellin Health reserves the right to dismiss a student from their observation for any reason (improper dress attire, inappropriate interaction with patients/staff, etc.).**

**Application, Reference, Emergency Contact Form, Career Interest Form, Confidentiality Form, and Verification of Influenza Vaccine to be submitted via mail, fax, or email to the following contact:**

Attn: Amethyst Messer  
Bellin Home Health Care  
744 S. Webster Ave, P.O. Box 23400  
Green Bay, WI 54305  
920-432-5435 (fax)  
[Amethyst.messer@bellin.org](mailto:Amethyst.messer@bellin.org)



## Application for Bellin Health Job Shadowing

**Student Information:**

Name (*First, Middle Initial and Last*): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Year in school (check one): \_\_\_\_\_ Senior \_\_\_\_\_ Junior \_\_\_\_\_ Sophomore \_\_\_\_\_ Freshman

**Please circle ALL dates that you are available for 2018/2019 school year:**

9/4/18 (Tues)	9/20/18 (Thurs)	10/2/18 (Tues)	10/18/18 (Thurs)
11/6/18 (Tues)	11/15/18 (Thurs)	12/4/18 (Tues)	12/20/18 (Thurs)
1/17/19 (Thurs)	2/5/19 (Tues)	2/21/19 (Thurs)	3/5/19 (Tues)
3/21/19 (Thurs)	4/2/19 (Tues)	4/18/19 (Thurs)	5/7/19 (Tues)
5/16/19 (Thurs)	6/4/19 (Tues)	6/20/19 (Thurs)	7/2/19 (Tues)
7/18/19 (Thurs)	8/6/19 (Tues)	8/15/19 (Thurs)	

**Student Agreement:**

I agree to dress appropriately, use proper language, and maintain a respectful manner at all times when on site for the job shadow experience. I will seek out and follow directions of my assigned mentor, especially in any emergency situation. I understand confidentiality is of the utmost importance and that violating confidentiality of patients/clients is punishable by law. I will abide by the appearance guidelines and wear any ID badge provided to me. I understand this fieldwork experience may be cancelled at any time due to business needs.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent/Guardian Agreement:**

I authorize my son/daughter/ward to participate in this job shadow experience. Should my son/daughter/ward need medical attention during or as a result of this fieldwork experience, I assume full responsibility for any treatment deemed necessary. I give permission to release my son/daughter/ward's telephone number or contact information to the requested department.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Bellin Health Job Shadowing – Reference Letter

Student name: \_\_\_\_\_

The above-named student is applying to complete job shadowing hours at Bellin Health. Students should be in good standing in school with regards to attendance and grades, as these are factors that are essential in success in college and professional studies for most healthcare careers. We recommend a cumulative GPA of at least 2.5 for consideration.

Please check a box below and complete the remainder of the form. The student will submit the reference with their application for job shadowing.

I highly recommend this student for job shadowing at Bellin Health.

I recommend this student for job shadowing at Bellin Health with reservations (see comment).

I do NOT recommend this student for job shadowing (see comment).

Comment:

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Signature of Reference: \_\_\_\_\_

Relationship of Reference to student: \_\_\_\_\_



**Bellin Health Job Shadow  
Emergency Contact Information Form**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone/cell: \_\_\_\_\_

Primary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone/cell: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone/cell: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

**Insurance Information:**

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CAREER INTEREST RESEARCH

Name:

Date:

1. What career/occupation do you wish to job shadow?

2. What are some similar jobs related to this field of work?

3. What are the working conditions (Describe the work setting, hours, amount of travel and other responsibilities related to the job.)?

4. What personal requirements and skills are necessary (team or individual work, organizational skills, etc.)?

5. What kinds of training and/or education (tests, licenses, union affiliations, etc.) are required to get into the field? (College, Graduate School, GPA requirements?)

6. What are some rewarding aspects of this kind of career (salary, benefits, work from home, be your own boss, etc.)?

7. What are the problems or disadvantages associated with this career (long hours, weather, travel, etc.)?

8. What kind of salary and lifestyle is associated with this career? (Would this be a comfortable lifestyle? Would you be able to support yourself/family? Would you have to closely monitor your budget?)

9. What is and what will be the demand for people in this career field in the future?



**CONFIDENTIALITY ACKNOWLEDGEMENT FORM  
FOR SHADOWING/OBSERVATIONAL EXPERIENCES**

When you participate in a shadowing or observational experience at Bellin Health, you are involved in a unique experience. You will be shadowing a health care professional for a specified period in a health care facility. During this time you will or may be seeing patients with a variety of medical issues and/or you may see and hear confidential information relating to these patients.

**It is against the law to disclose:** Individually identifiable patient information that is transmitted electronically, maintained in any electronic medium, or transmitted or maintained in any other form or medium (including written or oral communication). This relates to information about past, present and future:

- Physical and mental health;
- Provision of health care to the patient; and
- Payment for the patient’s health care.

As a condition of participating in this shadowing/observational experience, I understand and agree:

1. That everything about a patient’s health care is confidential.
2. To not discuss this confidential patient information with anyone except the health care professional that I am shadowing. I am welcome to ask the health care professional questions during this program, but I may not disclose this information to anyone else.
3. To not access protected or confidential information.
4. To abide by the dress code as directed by the department contact person.
5. To use proper language and a respectful manner at all times.
6. To seek out and follow the directions of the supervising person/person in charge, especially in any code situations and in the case of other safety or procedural questions.

\_\_\_\_\_   
Print or Type Name

Date \_\_\_\_\_ Signature \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number(s): Home = \_\_\_\_\_ Cell = \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinical Area/Department of Shadowing/Observation: \_\_\_\_\_

Date(s)/Time(s) of Shadow/Observation: \_\_\_\_\_

Department Contact/Person Supervising Shadow Experience: \_\_\_\_\_

Flu vaccination validated by: \_\_\_\_\_ (Bellin representative)

Date vaccine administered: \_\_\_\_\_

**FOLLOWING SHADOWING/OBSERVATION EXPERIENCE, RETURN COMPLETED FORM TO:**

Attn: Amethyst Messer Bellin Home Health Care,  
744 S. Webster Ave, P.O. Box 23400 Green Bay, WI 54305  
920-432-5435 (fax) [Amethyst.messer@bellin.org](mailto:Amethyst.messer@bellin.org)