

Hospital Career Program Application



Job Shadowing, Career Boot Camp, Internships, & Volunteering

Contact Information

Name*	
Date of Birth*	
Gender*	
Street Address*	
City ST ZIP Code*	
Home Phone	
Cell Phone*	
E-Mail Address*	

Parent/Legal Guardian contact information and consent (Required if under the age of 19)

Because you are under the age of 19, we will require your parental/legal guardian's consent for you to participate in our one of our programs, even if it is a school sanctioned event. Please provide your parent/guardian's contact information and the attached consent must be signed and returned with your application. This must be completed before consideration for the program will be made. Thank you for your compliance.

Parent/Legal Guardians Name Providing consent*	
Parent/Legal Guardian email:*	
Parent/Legal Guardian primary phone #*	

*Immunization Record (Required)

To participate in any of our programs, Knoxville Hospital and Clinics must have up to date immunization records for your safety and the safety of our patient. Failure to provide current immunization records or falsified records will result in your application being invalid.

You or your parent will need to request up to date immunization information, verified by a health care professional, for the following:

Date Received:	Immunization
	DPT/TDaP (Diphtheria, Pertussis, Tetanus)
	Hepatitis B
	Inactivated Poliovirus (Polio Vaccine)
1)	MMR (Measles, Mumps, Rubella) Must have Record of 2
2)	
	Varicella (Chicken Pox)
	Current Influenza Vaccine (Only needed from October 1 st -March 31 st each year)
	Tuberculosis testing-2 negative Mantoux tests *Only If you are interested in being a volunteer or Intern

Please specify what program you are interested in

Hospital Career Boot Camp	
Job Shadowing	
Internship	
Student Volunteers	

Please tell us a little about your interests in Healthcare

Choose all that you are interested in experiencing

Nursing	Providers (Doctor, Nurse Practitioner, Physician's Assistant)	Laboratory	
Emergency Room	Nuclear Medicine	Physical/Occupational Medicine	
Surgery	Imaging (X-ray, CT, MRI)	Pharmacy	Information Technology (IT)
Clinic	Nutrition Services	Maintenance	Housekeeping
Cardiac/Pulmonary Rehab	Health Information Management		Business Office
Infusion Center	Fiscal Services	Public Relations	Quality
Diabetes/Population Mgmt.			Risk Management

Please tell us a little about yourself

What subjects in school do you enjoy and/or excel at? What interests do you have? What are your goals for the future?

***Person to Notify in Case of Emergency**

Name	
Street Address	
City ST ZIP Code	
Home or Work Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature of Participant & Parent

See attached Healthcare Observational Experience Waiver & Agreement

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in our programs.

Completion Checklist- Did you complete the following?

	Forms	To be completed by:	For Office Use
	Career Program Application	Student & Parent	
	Attached complete Immunization Records	Student & Parent	
	Signed and completed Healthcare Observational Experience Waiver & Agreement	Student & Parent	
	Reviewed and signed the enclosed Program Details Packet	Student & Parent	
	Attached recommendation letters (2) from teacher, counselor, religious leader, or community member (cannot be a family member) *Not necessary if participating in volunteer program	Student	
	For Volunteer Program- additional Parental Permission Form required	Parent	
	Student Volunteer Program	Date Scheduled	
	Health Screening		
	Volunteer Orientation		
	HealthStream Training		
	ID Badge		

**Knoxville Hospital and Clinics
Healthcare Observational Experience Waiver and Agreement**

This waiver and agreement is solely for those situations when an individual not associated with Knoxville Hospital and Clinics by employment, school contracts, or other Knoxville Hospital and Clinics contractual agreements, requests the opportunity to observe a healthcare professional in order to pursue his/her interest in the healthcare field or, if a current healthcare professional, to enhance his/her knowledge. This is observational only with no hands-on experience involved.

- I agree to hold Knoxville Hospital and Clinics, or any related entity, or any of its employees, agents, or officers harmless in event of incident, injury or illness.
- I agree that I am not an employee of Knoxville Hospital and Clinics and am not entitled to worker's compensation benefits.
- I understand that if I need to have emergency medical care, Knoxville Hospital and Clinics is not responsible for costs involved, follow-up care, or hospitalization.
- I agree to follow the instructions of my preceptor at all times. I understand that Knoxville Hospital and Clinics may take immediate corrective action in any situation in which my behavior and/or performance adversely affects the best interest of the Knoxville Hospital and Clinics or its clients. This may include, but not be limited to, my immediate removal from the facility and the program.
- I agree to be respectful and courteous at all times.
- I understand that what I see and hear about patient identity and condition is **STRICTLY CONFIDENTIAL** and is not to be discussed outside of my observational experience. Any violation of this will lead to dismissal from the program and may jeopardize continuance of the program.
- I understand that Knoxville Hospital and Clinics is not responsible for loss of stolen personal belongings and recommends not bringing valuables to my sessions. Weapons are not allowed at Knoxville Hospital and Clinics.

I agree to follow Knoxville Hospital and Clinics dress code during my session. The student observer will present an appropriate professional appearance. No blue jeans, baggy or sagging pants, shorts, short skirts, midriff, low cut or sleeveless tops should be worn. The observer should wear secure footwear, no tennis shoes, 'croc's' or open toed shoes or high heels. No excessive jewelry; the amount or type should be appropriate for a healthcare setting. No facial piercings. Tattoos should be covered. Observers should not wear perfume or cologne as it may make a sick patient feel even worse. Observers should practice good personal hygiene.

- I understand that I will be provided with identification badge to be worn at all times while at Knoxville Hospital and Clinics and will return the badge to the Education Coordinator upon program completion.
- I agree to **observe only**, and not touch, manage, counsel, or have therapeutic interactions with patients and families.
- I will cancel my session if I suspect I might be ill or have a rash of any kind. I will call the hospital representative to notify him/her.

Please call the Education Coordinator: Jennifer Miles 641-842-1507

Signature of Observer / Student: _____ **Date:** _____

IF OBSERVER / STUDENT IS UNDER 19 YEARS OLD PLEASE COMPLETE THE FOLLOWING CONSENT:

I have read the Waiver and Agreement and hereby give my consent to my minor child participating in a Healthcare Observational Experience at Knoxville Hospital and Clinics.

Parent / Guardian Signature: _____ **Date:** _____

For Staff Use Only

Reviewed by Education Coordinator

Sign & Date: _____