



Mary Lanning Healthcare High School Job Shadowing Request (Seniors Only)

High school students in their senior year are invited to apply for a career exploration experience. **A typed paragraph stating your reasons for this request MUST accompany the application** This paragraph is to include how the shadow will relate to your career goals, describe what research (if any) you have already completed regarding this field and explain what you hope to gain from this observational experience.

Name: _____ (please print)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email (optional): _____

High School: _____ School Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Counselor's Name: _____

Shadowing Date and Time Requested: _____

MLH's Job Shadow Program is designed for career exploration in the area of greatest interest to the applicant.

Please select **one** area of interest: Nursing Cardiopulmonary Laboratory
 Radiology Pharmacy Physical Therapy
 Other: _____

Parental Consent:

I, _____ give my consent for _____
(Parent / Legal Guardian) (Student)

to participate in the Mary Lanning Healthcare Job Shadow Program and release the hospital of any liability while my son / daughter is on hospital grounds. In addition, I verify that my son / daughter has the following current immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; and tetanus / diphtheria.

Signature _____ Date _____

Counselor Confirmation and Recommendation:

Confirmation: I confirm the above applicant is a current high school senior.

Recommendation: _____

Signature _____ Date _____

Please return this form to:

Attn: Cristi Engel
Mary Lanning Healthcare
715 N. St. Joseph
Hastings, NE 68901