



# Mary Lanning Healthcare College Job Shadow Application

Mary Lanning Healthcare will allow qualified college students the opportunity to job shadow our healthcare professionals. Students must be enrolled in a formal educational program and be in good academic standing. This is an unpaid observational experience and students may spend from 2 – 8 hours in an area of interest.

***Applications must be received a minimum of 4 weeks prior to the requested date.***

Name: \_\_\_\_\_ Request Date: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_ Area of Interest: \_\_\_\_\_

Number of college credits completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

1. On a separate paper, type an essay explaining why you are requesting this experience and how it will relate to your career goals. Describe what research you have already completed regarding this field and what you hope to learn from this observational experience.
2. Academic Advisor Recommendation (please verify GPA and current enrollment).

Counselor Signature: \_\_\_\_\_

## Confidentiality Statement

I, \_\_\_\_\_ pledge to observe appropriate rules of conduct and maintain confidentiality before, during, and after my shadowing experience at Mary Lanning Healthcare. As a student considering a career as a health care professional, I understand the importance of confidentiality and will uphold the standards within the profession. In addition, I release the hospital of any liability while I am on hospital grounds and I verify that I have the following up to date immunizations: measles, mumps and rubella (MMR); chicken pox (varicella) or history of the disease; and tetanus / diphtheria

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to:**

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