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Job Shadowing Application – for High School Students

Please note: We prefer applications to be printed, completed and sent via e-mail to across@hmahec.org – Please remember to complete all sections of this application. Thank you for your interest!

1. Contact Information

Name (Last, First, Middle):		Date:	
Present street address:		City:	State: Zip:
Cell phone:	Alternate phone:	E-mail address:	
Are you above 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Birth:		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer	
What form of transportation do you have access to/use?			

2. Education

List the school and/or educational training program you are attending:

Name of School or Program:	What grade are you in?	Date of expected graduation
Is this experience a part of class requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your teacher's name and what class?		

3. Shadowing Request

What type of healthcare professional are you interested in shadowing?				
What type of job shadowing setting do you prefer? (Please circle your choice below)				
Acute Care Setting Ex.-Hospital	Primary Care Setting Ex.-Health Center	Public Health Setting Ex. Cold Blue Shelter	Specialty Practice Ex. Orthopedics Office	Long Term Care Ex. Nursing Home
How many total hours of shadowing needed?			What distance are you willing to travel?	
Availability: <i>(Please circle which days you are available)</i> Mon./Tues./Wed./Thurs./Fri.		Hours of the day available?		

4. Consent

Student Consent Signature	
I certify that the information given in this application is true and correct.	
Signature of Applicant: _____	Date: _____
We agree to and understand the following:	
____ Participants are responsible for their own transportation to the program.	
I certify that the information in this application is true and correct.	
Please print name of Parent/Guardian: _____	Date: _____
Signature of Parent/Guardian: _____	Date: _____

** Please note –Some sites might require proof of immunization and a negative PPD within 12 months.
 Not all requests may be accommodated. **