OBSErver students (job shadows)

The Career Exploration Program provides students with opportunities to observe CHI Mercy Health staff, learn more about their field, and explore possible careers. This experience is entirely hands-off and is supervised by a host professional.

All perspective Observer participants are required to meet the requirements listed below, complete an application packet and submit it to the Volunteer Services Office at least two weeks prior to the requested date for the observation. We will do our best to meet your timeline, however positions are limited and based on provider availability.

We do not allow family members and personal friends to observe employees they are related to or have a personal relationship with.

To be eligible for this experience:

- Observers must be currently enrolled in a school that maintains a student education agreement with Mercy.
- All observations will be for one day, less than eight (8) hours in duration, and be limited to a maximum of once per year, per individual.
- All Observers are required to complete the following on-line orientation and meet with a representative from Volunteer Services prior to beginning their educational experience.
- Observers must exhibit excellent interpersonal skills.
- Observers must be able to abide by CHI Mercy Health’s values, policies and regulations.

Limitations and Restrictions – CHI Mercy Health is committed to working with individuals interested in pursuing a career in a healthcare field by providing an ideal educational setting for Observer experiences. We will do our best to place Observer applicants in our program and in the area that they are seeking to have the experience. However, due to our regulations and HIPAA restrictions, we do have some limitations in place that protect the integrity and safety of our patients and also ensures that we have staff availability so that patient care will not be compromised.

Once the Observer (Job Shadow) application packet has been submitted to the Volunteer Services Office, a staff member will work with the preferred department to arrange for the observation. Unfortunately, there is no guarantee that an applicant will be accepted into the program. The department director or manager has the discretion to accept or deny the placement. The Volunteer staff will contact the applicant as to his/her status. We will make arrangements with the director of the department to obtain authorization for placement. The director is responsible for not only assigning a Host Professional to the Observer participant, but also to make the Host Professional aware of the expectations and limitations. Lastly, the Host Professional that is assigned to the Observer is ultimately responsible for ensuring that patient permission is authorized prior to any observation and that patient confidentiality will be maintained.
Limitations & Restrictions (continued)

Observers are limited to one experience per calendar year. Due to the number of applications we are processing, as well as staff availability, we ask that shadowing experiences be limited to once per calendar year.

Observer experiences are limited to observation only and are at the discretion of the assigned Host Professional. Observers are not authorized to do any tasks (patient care, clerical or incidental). Violation of this policy is grounds for immediate dismissal.

An Observer (Job Shadow) Evaluation must be completed and returned, along with the badge and clipboard, to the Volunteer Services Department at the end of your experience.

Please note: Our correspondence with you will be almost exclusively by email, so please be sure to provide us with an email address and check it often. Let us know if you do not have email available so we can use an alternate form of communication with you.

To be considered for a career observation, print and complete this form packet and return it to:

CHI Mercy Health
Attn: Volunteer Services
2700 Stewart Parkway
Roseburg, Oregon 97471
OBSERVING (JOB SHADOW) GUIDELINES

DRESS CODE

- Our patients and families deserve and expect a professional appearance from everyone they encounter at CHI Mercy Health. Make sure your clothing is well-selected, clean and wrinkle-free so you look your personal best.
- Dress code for the day is “BUSINESS CASUAL.” Examples may include clothing such as slacks, khakis, sweaters, collared or polo shirts, and other items that would be worn in professional settings or places of worship.
- You **MAY NOT** wear jeans, shorts, sweatshirts/pants, clothing with holes, or any clothing that is inappropriate in a professional work environment.
- Footwear must be closed-toe, with safe non-skid soles. No sandals or flip-flops. Athletic shoes are okay.
- Please avoid displaying extremes in clothing, hair styles, jewelry, visible tattoos, and body piercings.
- Hospital-issued identification badges must be worn at all times and must be visible and appropriately placed.
- Participants must return their badge upon completion of the observation.

CHECKING IN

Please park in our south/visitor parking lot and come in to the south information desk where you will be met by a member of the volunteer services office (unless otherwise directed).

- It is highly recommended that you eat a meal prior to arriving. You may be exposed to situations that can make you feel queasy. A good meal will help prevent this!
- If you feel uncomfortable, dizzy or ill at any time, please let your host professional know immediately. Do not hesitate. We understand that new experiences in the hospital can be overwhelming at times.
- Stay attentive and engaged in your observation and maintain professional behavior at all times. You are welcome to ask our staff questions as appropriate. Please remember that your experience is observation only, and you will not be participating in hands-on activities.

CHI MERCY HEALTH MISSION, VISION AND VALUES

**MISSION** - The Mission of CHI Mercy Health and Catholic Health Initiatives is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities.

**VISION** - Catholic Health Initiatives’ vision is to create a national Catholic ministry that will live out its mission by transforming health care delivery and creating new ministries that promote healthy communities.

**VALUES** – CHI Mercy Health and Catholic Health Initiative’s Core Values define the organization and serve as guiding principles. They are the roots or anchors from which all activities, decisions and behaviors follow.
**REVERENCE * INTEGRITY * COMPASSION * EXCELLENCE**

**REVERENCE** - Profound spirit of awe and respect for all of creation, shaping relationships to self, to one another and to God and acknowledging that we hold in trust all that has been given to us.

**INTEGRITY** - Moral wholeness, soundness, uprightness, honesty, sincerity as a basis of trustworthiness.

**COMPASSION** - Being accountable for beliefs, attitudes and actions. Feeling with others, being one with others in their sorrows and joy, rooted in the sense of solidarity as members of the human community.

**EXCELLENCE** - Outstanding achievement, merit, virtue; continually surpassing standards to achieve/maintain quality.

**PRIVACY: CONFIDENTIALITY**

*Confidentiality* means “keeping information private.” In a hospital or healthcare setting, all patient information is considered *confidential*. We follow HIPAA guidelines. Any information about patients that is spoken, on paper, or on a computer is to be kept private. You cannot tell your family, friends, or anyone else (who is not taking care of the patient) about this information.

**Examples of confidential information include:**

If you share any of these types of information with people who do not need to know, you have broken confidentiality and you have broken the law! This can lead to fines and potential jail time.

In addition to patient information, confidentiality must also include privacy of *business-related information and fellow employee personal and employment information*. Please agree to keep patient information confidential and remember ... “A slip of the lip-pa violates HIPAA.”

**FIRE AND SECURITY INFORMATION**

- **Smoking is prohibited** in all our facilities and locations. Smoking outside of the building is also prohibited except in the designated smoking area in our north parking lot.

- **The use of cell phones is prohibited and must be turned OFF while inside our facilities.** Hospital telephones must be kept open for hospital business and are not to be used for personal business. Long distance personal calls are prohibited.

- **In case of emergencies/codes announced over the intercom system, the Job Shadow participant will need to follow the directions given by their mentor staff.** An Emergency Preparedness binder is located in all departments. A quick reference list of emergency codes is located on your badge.
PREVENTING THE SPREAD OF INFECTION

Infection is caused by germs. An infected person carries germs that he/she can spread to others. Even a person who doesn’t feel sick can still carry and spread germs. Many germs can travel on hands or other things that are touched. Some germs can travel a short distance on droplets when a person talks or coughs.

Standard Precautions – these are practices that all health care workers must follow in the care of ALL patients. They apply to blood, all body fluids (secretions or excretions), non-intact skin, and mucous membranes. They do not apply to sweat.

- **Gloves** – are to be worn when the staff member may have hand contact with blood or body fluids, mucous membranes or non-intact skin of ALL patients and when handling contaminated items or surfaces.
- **Mask, Eye Protection, Face Shield** – are to be worn during patient activities that are likely to generate aerosols, splashes, sprays, etc., such as suctioning or intubating.
- **Gowns** – are to be worn if splashing of blood or body fluids is likely.
- **Sharps** – never recap, bend or break needles. Place used disposable needles and sharps in a puncture-resistant container at the point of use.
- **Equipment** – clean equipment with the hospital approved disinfectant.
- **Environmental control** – routinely clean and disinfect environment surfaces such as side rails, over-bed tables, bedside tables and frequently touched surfaces.
- **Linens** – all used linen is considered contaminated. Bag in the standard linen bag at the site. No other precautions are needed.

Hand Hygiene – wash and sanitize hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash and sanitize hands immediately after gloves are removed, between patients, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash and sanitize hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.

Wash hands with an antimicrobial soap and water whenever hands are visibly soiled. An alcohol-based waterless skin sanitizer is recommended when hands are not visibly soiled.
HIPAA Privacy and Security: Our Values and Ethics at Work

HIPAA (Health Insurance Portability and Accountability Act) is a Federal regulation imposed on health care organizations including hospitals, home health agencies, physician offices, nursing homes, other providers, health plans and clearinghouses.

**HIPAA Privacy Rule:**
- Gives patients a right to access their medical records and restrict (in someways) who may access their health information.
- Requires organizations to train its workforce and to take measures to safeguard patient information in every form.
- Provides penalties for individuals and organizations who fail to keep patient information confidential. Criminal penalties under HIPAA: maximum of 10 years in jail and a $250,000 fine for serious offenses. Civil penalties under HIPAA: maximum fine of $25,000 per violation.

**HIPAA Security Rule:** Pertains to electronic patient information and requires physical, technical and administrative safeguards.

**Protected Health Information (PHI):** PHI is any patient information which identifies a patient directly or indirectly. PHI in any form (written, faxes, electronic, photographs/images, conversations, labels, monitor strips) must be protected.

**HIPAA Privacy Official and HIPAA Security Official:** The Privacy Officer shall oversee all ongoing activities related to the development, implementation and maintenance of the practice/organization’s privacy policies in accordance with applicable federal and state laws. The Security Officer is responsible for the ongoing management of information security policies, procedures, and technical systems in order to maintain the confidentiality, integrity, and availability of all organizational healthcare information systems. Please consult your Volunteer Services office for names and phone numbers of the HIPAA Privacy Officer and the HIPAA Security Officer.

**Privacy and Security Tips:**
- Do not look at PHI unless you need to know the information to do your job.
- Use the minimum amount of PHI necessary to perform your job duties.
- Do not use your work access privileges to access, view or print your own PHI or the PHI of your spouse, children, other family, friends or coworkers.
- Be conscious of who else may be listening when speaking with patients or family members. Lower your voice when appropriate or move to a more private location.
- Dispose of PHI by shredding it or placing it in a locked confidential storage container. Do not place PHI in the regular trash.
- Before giving out paperwork, make sure each page is for the correct patient.
- Patients (including you) should go to the Health Information Management (HIM) department to complete the required paperwork to obtain copies of their PHI. HIM employees will verify identity and legal rights to the information and release it as appropriate.
- Do not discuss what you overhear about a patient or share information gained in the course of
work with your family, coworkers, or friends.

- Do not discuss PHI with others who do not need the information to perform job duties such as those you encounter at Walmart, church, or grocery stores.
- Do not discuss patients in public areas such as elevators, hallways, or cafeterias, where individuals outside the healthcare team may hear you.
- Do not leave an individual without identification in a confidential or secure area. Offer assistance and ask for identification if necessary.
- Do not leave patient records lying around where visitors or other unauthorized persons may view them. Keep them secure.
- Keep PHI in folders, turn it face down or use a cover page.
- Lock your office door if you leave it unattended.
- Remove PHI from printers, fax and copy machines in a timely manner.
- Do not post or write down your passwords. Never share your password.
- Make your password something you can remember but difficult for others to guess. Do not include personal information others may know about you in your password (name, date of birth, spouse or children's names, pet names).
- Log out of patient information systems when you leave your work area.
- Turn patient information monitor screens away from public view.
- If you need to email PHI to perform job duties, you must encrypt 100% of your messages containing PHI sent outside of CHI Mercy Health’s network. You can encrypt any email message from your CHI Mercy Health email account by entering #secure# anywhere on the subject line of your message.
- Double check the “To” line before sending an email to verify correct recipient.
- Verify you have entered the correct fax number before faxing PHI.
- Use a fax cover sheet with appropriate confidentiality language.
- Be mindful of your location when discussing PHI on a cell phone.
- Avoid using speakerphones when discussing PHI.
- Be careful about how much PHI you leave on home answering machines.
- Keep laptops and other mobile devices secure at all times.
- Always wear your identification/name badge where it is visible to others.
- PHI on labels must be removed and placed in a locked confidential storage bin, or marked through with a black permanent marker or placed in hazardous waste container if appropriate.
- If you are not involved in the care of the patient or the welfare of the family, remove yourself from the area of confidential patient discussions.
- After asking their permission, put phone calls on hold to prevent overhearing background conversations about other patients.
- Knock and pause before entering the patient’s room.
- Ask visitors to leave the room if the patient would like them to do so before discussing PHI.
- Direct media inquiries to Public Relations or Administration.
- Report potential violations to your Volunteer Services office, Privacy Officer or Security Officer.
- If a government agent needs computer access to view PHI, you may cooperate only after seeing his ID. Let him know that CHI Mercy Health and you will cooperate, but that you first
must contact the CRO, Risk Manager, and Department Director over the area.

Posting advertisements on bulletin boards for personal businesses, like selling candles or cosmetics, etc. is not permitted because the CHI Mercy Health facilities are charitable, tax-exempt organizations.

**Notice of Privacy Practices (NPP):** Provided during the patient’s first visit, posted in the facility, and on the website. Outlines: how we may use and disclose PHI, rights regarding their PHI and how to access it, how to file a complaint or opt out of the facility directory, and how to request a list of those who have received their PHI (Accounting of Disclosures), amendments, alternative means of communication (Confidential Communications), and restrictions.

**TPO (Treatment, Payment and Operations):** HIPAA permits us to share PHI for treatment, payment or operations (coding, billing, quality review, risk, etc.) without authorization from the patient.

**Authorization:** CHI Mercy Health must obtain a signed and dated authorization form from the patient before using or sharing PHI for reasons other than TPO unless the use or disclosure is mandated by law.

**Marketing:** In most cases, we may not use or disclose PHI to market or film or photograph a patient for marketing purposes without obtaining a valid signed and dated authorization form from the patient. If an outside entity is involved in filming, photographing or interviewing a patient, they will work with the Communications department. Certain forms must be signed by the patient and by those filming, photographing, or interviewing the patient.

**Legal Personal Representatives:** Persons having the authority (under federal and state laws) such as Durable Power of Attorney with a healthcare designation or Health Care Surrogate or Court Order to act on behalf of a patient in making healthcare decisions have the same rights to access the patient’s information unless the involvement of the personal representative would put the patient at risk.

**Legal Personal Representatives for Minors:** Parents, guardians, and others who have authority (under federal and state laws) to act on behalf of a minor in making healthcare decisions also may have access to the minor’s health information as his/her personal representative unless the minor is emancipated.

**Discussing PHI with a Patient’s Friends and Family:** HIPAA permits hospitals to share information that is directly relevant to the level of involvement of a family member, friend, or other person identified by a patient, in the patient’s care or payment for health care.

- If the patient is present, or is otherwise available prior to the disclosure, and has the capacity to make health care decisions, you may discuss this information with the family or other persons if the patient agrees or, when given the opportunity, does not object.
- You may also share relevant information with the family and other persons if you can reasonably infer, based on professional judgment that the patient does not object.
- Even when the patient is not present or it is impractical because of emergency circumstances or the patient’s incapacity for us to ask the patient about discussing his/her care or payment with a family member or other person, you may share this information with the person when, in
exercising professional judgment, you determine that doing so would be in the best interest of the patient.

- You may also disclose PHI as necessary to obtain payment for services provided. You may contact persons who are involved with the patient’s care and payment for services other than the individual as necessary to obtain payment for health care services. You are required to reasonably limit the amount of information disclosed to the minimum necessary to process payment.

**Access is monitored:** Electronic access to PHI is monitored. Inappropriate access or sharing of PHI results in disciplinary action up to and including termination.

**Breach Notifications:** Hospitals must notify patients within 60 days if their unsecured patient information was acquired, accessed, used or disclosed inappropriately. The notice must describe what happened and what the organizations is doing to investigate the breach, how similar breaches will be prevented in the future, steps individuals can take to protect themselves and contact information. Patients will be able to sue and may be able to receive compensation for breaches. Breach investigations and notifications will be handled by the Privacy Officer and the Privacy Coordinators.
HIPAA and Corporate Responsibility Test

Please answer the following questions.

Your sister’s friend just had triple bypass surgery at one of our facilities. She asks you to find out his condition. What should you do?

a. Ask a nurse on the floor how the patient is doing and pass the information along to your sister.
b. Log in to the computerized record system and read the patient’s record to find information for your sister.
c. Explain that it is a violation of the patient’s privacy for you to ask around or look at his record, and suggest that she talk to her friend or call one of her friend’s family members.
d. None of the above.

A government agent comes into one of our facilities and tells you he must access patient information on the computers and wants you to answer questions and give him computer access. How should you respond to this request?

a. Immediately provide him with the information or access he needs.
b. After seeing his ID, let him know that the organization and you will cooperate, but that you first must contact the Corporate Responsibility Officer, Risk Manager, and Department Director over the area.
c. Tell him, “No way. That information is protected.”
d. None of the above.

HIPAA defines confidential patient information as “PHI”. PHI is the abbreviation for:

a. Private Hospital Issues
b. Primary Healthcare Infrastructure
c. Protected Health Information
d. Privileged Health Interrogatory

When are you free to repeat a patient’s PHI that you hear on the job?

a. After you no longer work at the organization.
b. After a patient dies.
c. If you know the patient would not mind.
d. When your job requires it.
You see an open recycling bin full of paper. You can see patient names, addresses, and diagnoses on the paper. What should you do?

a. Nothing.
b. Bring it to either your supervisor, Corporate Responsibility or Privacy Contact so he/she can dispose of it properly and determine why it was put there.
c. Read the report and try to figure out what workforce member disposed of it improperly.
d. None of the above.

What question should you always ask yourself before looking at patient information?

a. Would the patient mind if I looked at this?
b. Do I need to know this to do my job?
c. Can anyone see what I’m doing?
d. Am I curious?

What type of gifts may I accept from a business source, patient, resident or a member of his/her family?

a. Cash or cash equivalents.
b. Computer & printer for my office.
c. Equipment & furniture for your department.
d. Gifts of minimum value such as T-shirts, promotional pens or office supplies, flowers, fruit, candy or other small, perishable gifts.

When is it acceptable to share your password?

a. When one of our physicians forgets his/her password: he/she must have immediate access.
b. When your new co-worker hasn’t had one assigned from IT yet and it saves time.
c. When you know you can trust the person to use it appropriately.
d. Never.

Which of the following types of information does HIPAA’s privacy rule protect?

a. Patient information in electronic form.
b. Patient information communicated orally.
c. Patient information in paper form.
d. All of the above.

You are in the hospital volunteering and you learn that one of your neighbors has just arrived in the ER for treatment after a car crash. You should:

a. Contact the neighbor’s spouse to alert him or her about the injuries
b. Try to find out the seriousness of your neighbor’s injuries
c. Tell the Charge Nurse in the ER that you know how to reach the patient’s family and can offer information if needed.
You are delivering flowers to a patient’s room. When you enter, you realize you know the patient.

You should:

a. Smile, say hello, state why you are there, have friendly conversation.
b. Ask the patient why he or she is in the hospital
c. If the patient tells you why he or she is in the hospital, assume it is ok to tell others.
d. If the patient tells you why he or she is in the hospital, ask if it is ok to tell others.

1. Both a and c
2. Both a and d
3. Both a, b and d
4. None of the above

Name (printed) ________________________________________________________________

Signature ________________________________________________________________

Date ______________________________
Volunteer Services | Career Exploration

**PERSONAL APPEARANCE STANDARDS**

<table>
<thead>
<tr>
<th>Dress Element</th>
<th>Expectations</th>
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| ID Badge      | • Worn at all times  
                 • Easily readable  
                 • Worn above the waist |
| Hair          | • Clean, dry and neat  
                 • Well-groomed so that it does not interfere with safe participation  
                 • Long hair (including facial hair) secured while in patient care or other clinical areas  
                 • Mustaches, sideburns and beard neatly trimmed and combed |
| Jewelry       | • Professional and kept to a minimum (includes necklaces, bracelets and earrings)  
                 • Must not interfere with work or pose a risk for injury to participant or patient  
                 • Pierced jewelry limited to the ear and a single small nose stud |
| Fingernails   | • Clean, trimmed to a length that will not interfere with participation  
                 • Nail polish un-chipped and freshly applied  
                 • Adornments limited |
| Fragrance     | All personal care products must be unscented or fragrance-free. |
| Tattoos       | Should not be visible. Every reasonable effort must be made to cover them. |
| Clothing      | • Attire must be business casual  
                 • Excessively tight ("skin-tight"), revealing, or baggy clothes, including bare midriffs and cleavage exposure, is not acceptable.  
                 • Skirts or dresses no shorter than 4” above the mid knee. Backless or shoulder exposing clothing should be covered with a jacket or sweater.  
                 • NO jeans or denim pants, shorts, leggings, or yoga-style pants or sweats are allowed.  
                 • Clothing with large logos, slogans or sayings are not to be worn, except for items related to hospital-sponsored or approved events. |
| Shoes         | Shoes must be closed-toe. Sandals are not allowed. |
| Hosiery       | When in clinical or patient care areas, hosiery or socks must be worn. |

By signing below, I agree to follow the above dress code and understand that arriving for scheduled program events wearing clothes that do not meet the dress code may result in my being sent home. If I have any questions or clarifications about the dress code, I will discuss them with the Volunteer Services staff so I can fulfill my commitment to following these dress code standards.

Printed name __________________________________________________________

Signature  Adam Bat בשבוע

Parent/Guardian Signature (if participant is under 18 years old) __________________________________________

School ___________________________ Teacher ___________________________

Date ___________________________
Volunteer Services | Career Exploration

Tuberculosis Symptom Review

Name:_______________________________________________   Phone #:______________________
Birth Date:_____________________

Do you currently have symptoms of:

1. Unusual fatigue for more than two weeks   Yes  No
2. Weight Loss (unrelated to dieting)   Yes  No
3. Loss of appetite for more than 2 weeks   Yes  No
4. Persistent cough longer than 2 weeks   Yes  No
5. Blood-streaked sputum   Yes  No
6. Fever associated with cough longer than 1 week   Yes  No
7. Night sweats (unrelated to hormone changes)   Yes  No
8. Note other unusual symptoms

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature___________________________________________ Date_________________

Indicated follow-up:_______________________________________________________

Any questions? Please call Employee Health Office at 541-677-2344 or 541-677-6598
Volunteer Services | Career Exploration

CONFIDENTIALITY & ETHICS AGREEMENT

I understand that CHI Mercy Health considers it the ethical responsibility of each employee, contracted employee, volunteer, student and observer to respect and maintain the confidentiality of patients, physicians and fellow staff members, as well as organizational information. Therefore, it is expected that I will be worthy of the trust given me and that I will perform my duties to the best of my ability with intelligence, courtesy, tact, and cheerfulness.

I acknowledge that access to confidential information is for the purpose of performing my responsibilities within this organization and for no other purpose. I understand that confidential information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications. Medical records are legal documents and contain confidential information. Staff must use extraordinary caution when handling records. Unauthorized disclosure of medical record information could result in legal action against the hospital and against any observer who violates the patient’s rights.

I understand that all information regarding patients and their health care is strictly confidential. Information of a privileged nature is to be shared only with authorized parties and such discussions should be held in a private location. I will keep confidential any information acquired through my job shadowing/observing service at the hospital and never refer to the identity of a patient, his/her diagnosis, condition or treatment. I understand that it is the obligation of every observer to respect all patients’ privacy.

I understand that information of a personal nature regarding staff members is also considered confidential. Staff addresses, home phone number, work schedules, and any other personal information shall not be released to a third party without the express permission of the staff member involved.

I understand and agree that in the performance of my duties as an observer at CHI Mercy Health I must hold patient, physician, staff and organizational information in confidence. I understand that any violation of the confidentiality policy may result in corrective action, including termination. I agree that my obligation under this agreement continues after my job shadowing/observing service duties end.

____________________________________________  ________________________________
Printed Name (including middle initial)    Department

______________________________________________ ________________________________
Signature       Date
CONSENT FORM

Participation in these programs will include observing patients and healthcare professionals in a hospital setting and observing medical, laboratory, and/or business procedures. I do hereby release CHI Mercy Health and its staff and sponsors from any responsibilities of injury or accident as a result of the Career Exploration and Volunteer Services Programs. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that, in case of a medical event, every attempt will be made to contact the emergency contact person for the above-named participant. If indicated, we will send the child to the Emergency Department for evaluation of the medical event. This document is my consent as parent, guardian, or participant for medical treatment and/or procedures necessary for my son/daughter/myself by the professional staff at CHI Mercy Health.

I also understand that it is my responsibility to find or provide transportation for my child to and from his/her assignment if my child is unable to drive him or herself. I understand that my child is expected to notify the appropriate person, in advance, if they are unable to report at the prearranged time and that any absences or failure to comply with program standards may disqualify them from participating in Career Exploration and Volunteer Services programs with CHI Mercy Health in the future.

*If you are 18 or older, please sign and date this form, writing “self” on the relationship line

My son/daughter, _____________________________________________, has my permission to participate in CHI Mercy Health’s Career Exploration and Volunteer Services Programs. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her. If the above-mentioned participant is over 18, he/she may complete this form for him/herself, in lieu of a parent or guardian.

Printed Name of Participant or Parent/Guardian (if participant is under 18)*  Relationship

Signature of Participant or Parent/Guardian (if participant is under 18)*  Date

Street Address of Participant or Parent/Guardian  Daytime Phone #  ___  Home  ___  Work

City, State, Zip Code  Evening Phone #  ___  Home  ___  Work

Emergency Contact (if different from above)  Phone #

Relationship  Phone #

_________________________  ____________________________
Printed Name of Participant or Parent/Guardian (if participant is under 18)*  Relationship

Signature of Participant or Parent/Guardian (if participant is under 18)*  Date

Street Address of Participant or Parent/Guardian  Daytime Phone #  ___  Home  ___  Work

City, State, Zip Code  Evening Phone #  ___  Home  ___  Work

Emergency Contact (if different from above)  Phone #
Job Shadowing QUESTIONS

Job Shadowing offers a great opportunity to learn more about a career by spending at least part of a day with a professional – observing, participating and asking questions.

You can enhance your shadowing experience by preparing a list of questions to ask. While you may get to only ask a handful of your questions – you do not want to bombard (and distract) the people you are shadowing with too many questions – it’s a good idea to plan for more questions in the event you shadow on a slow day.

What types of questions can and should you ask during your shadowing? Think of all the information you would like to have to help you better understand and decide whether the career field you are considering is right for you. The following is a list of questions you can ask – feel free to modify them to better serve you, and remember you do not need to ask all of them!

Questions:
- What type of education and training prepared you for this career field?
- What type of education and training would you recommend for someone just starting out in this career?
- What types of skills are necessary for succeeding in this career?
- How has this career field changed since the time you started in it?
- What advice do you have for someone considering this career?
- How did you know this was the right career for you? Did you consider any other careers?
- Are you passionate about your career? What makes you passionate about your career?
- What types of things were you interested in during high school?
- What other careers or industries could you work in with your education and experience?
- What do you see as the biggest changes that have happened in this career field? That will happen in the future?
- How has technology changed this career?
- How has the economy affected this career?
- How long has you worked for this employer?
- How did you choose this employer to work for?
- How does your employer differ from its competitors?
- How did you get your current job?
- What is your exact job title – and how long have you been in this job?
- What do you like most about working for this employer?
- Have you worked for any other employers?
- What do you like most about your job?
- What do you least like about your job?
- Can you describe a typical day at your job?
- How much of your day is spend behind a desk? Out in the field?
- How much are you required to work outside normal business hours?
What are some of the biggest challenges you face in your job?
How much does this career and job affect your personal life?
What’s the most valuable reward you receive from this job? Money? Fame? Helping people?
What’s the most valuable lesson you’ve learned – about this career, your job, or life in general?
What’s the most important advice you have for someone just starting out in this career?
What types of summer jobs or internships should I seek out as I continue my education?
What type of Websites and other tools do you use to stay current with your career – with your profession?
What’s the biggest stumbling block you see with younger job-seekers?
What does your employer – or employers in general – look for in younger job seekers?
Do you expect the workplace to change much in the next five years?
What is the employment outlook for this career field? How much demand is there for entry-level job-seekers?
Is there anything else that I have not seen today, or that we have not talked about that you think is important for me to know as I continue my quest for the ideal career for me?