



HIGH SCHOOL JOB SHADOWING REQUEST (Seniors Only)

Morrill County Community Hospital welcomes the opportunity for students who are required to job shadow and observe health care career opportunities. All sections of this application must be completed. Questions? Please contact Human Resources –Rhea Basa at 308-262-1616 ext. 240 or basar@morrillcountyhospital.org.

STUDENT INFORMATION

Name: _____

Date of Birth: **(Students must be 16 years old and students under the age of 19 must provide parent or guardian signature)** _____

Email Address: _____

Phone Number: _____

Address: _____

High School: _____ School Phone: _____

Counselor's Name: _____

Shadowing Date & Time Requested: _____

Please select area of interest:

- Nursing Radiology Cardiopulmonary Laboratory
 Physical Therapy Clinic Nursing



Job Shadow Agreement and Authorization to Participate

1. **Waiver of Liability.** In consideration that I am being permitted to participate in Morrill County Community Hospital's workforce development program (e.g., job shadowing, observations, activities, etc.), I, undersign, in full recognition and appreciation of the dangers and hazards inherent in this activity, agree to assume all risks and responsibilities surrounding my participation in this activity. Further, I do for myself, my child/children, my heir and personal representative(s) agree to defend, hold harmless, indemnify, release, and forever discharge Morrill County Community Hospital, and its officers, agents, and employees from and against any and all future claims, demands, or causes of action, on account of damage to personal property, personal injury or death which may result from my participation in any Morrill County Community Hospital career-related program.

2. **No Cell Phones.** I understand while job shadowing at Morrill County Community Hospital, any usage of cellular devices are prohibited. All patient information and results must be kept confidential and may be report only to those professionals directly involved with the patient's treatment and care. Failure to comply may result in dismissal from the site.

3. **Confidentiality.** I agree that I shall not, at any time during the job shadow or after it has concluded, divulge or convey any confidential information, trade secrets, business plans, proprietary information, knowledge, data or property related to Morrill County Community Hospital or any of its affiliates or patients other than that which is in the public domain, unless authorized by Morrill County Community Hospital in writing. This specifically means that I may not share details about the program or any patients (or their families) that I may come into contact with in any social media form, such as Facebook, Instagram, SnapChat, etc. In the event of any violation or threatened violation of this section, Morrill County Community Hospital shall be entitle to immediate injunctive or other equitable relief in addition to any other remedies to which Morrill County Community Hospital may be entitled to under law.

4. **HIPAA.** The Health Insurance Portability and Accountability Act (HIPAA) was enacted by Congress in 1996. HIPAA specifically protects the confidentiality of each individual's health information, and provides criminal penalties and fines for persons that breach that confidentiality. The job shadow program will place you in a medical environment and you will be personally responsible for complying with HIPAA; failure to do so may/will result in criminal prosecution. You understand you are required to receive necessary HIPPA training as directed by Morrill County Community Hospital and you are responsible for following all policies and expectations of any employee. You may find more information about HIPAA and your responsibilities at www.hhs.gov/hipaa/.

5. No Entitlements to Benefits or Wages. I understand that I am not an employee of Morrill County Community Hospital or any of its subsidiaries or affiliates, and am not entitled to any wages or benefits, including, but not limited to: social security benefits, workers' compensation benefits, and retirement benefits.

6. Responsibility to Cover Costs. I understand and agree that I am solely responsible for any costs that I may incur by participating in the job shadowing program. These costs may include, but are not limited to: health screening, transportation, and meals.

7. Compliance with Law / Policies. I understand and agree to abide by any and all applicable laws, regulations, and policies adopted by Morrill County Community Hospital, including the Code of Ethics.

8. Health Insurance / Exposure to Infectious Agents. I understand that the job shadow program will take place in a medical facility and that I may be exposed to infectious agents including blood borne pathogens and Covid-19. I hereby represent and warrant that I have health insurance and agree to be liable for any charges for services I may receive related to emergency care and/or testing to determine exposure to infectious agents. I understand that Morrill County Community Hospital will/may require certain immunizations prior to my experience and I will provide proof of such vaccinations, including the influenza and Covid-19 vaccination.

9. Indemnification. I agree to indemnify and hold harmless Morrill County Community Hospital, its subsidiaries, affiliates, officers, directors, agents, employees, and representatives ("Indemnified Parties" jointly and severally) from and against any and all liabilities or related, arising out of or in connection with the job shadow program, incurred by my wrongful acts, omissions, or misconduct. This shall be specifically construed to include, but not be limited to, any violation of the Health Insurance and Portability Act (HIPAA).

10. Acknowledgement. I have read the job shadow/observation request form for Morrill County Community Hospital and hereby certify that all information provided in this request is accurate, and that submission of this request does not guarantee placement into an experience. I further understand that approval and placement of an experience is at the discretion of Morrill County Community Hospital, and may require additional health screening. Morrill County Community Hospital may terminate a job shadow at any time and for any reason.



Job Shadow Agreement and Authorization to Participate

HAVING READ AND UNDERSTOOD THIS AGREEMENT, I VOLUNTARILY AND KNOWINGLY SIGN BELOW

_____ Applicant Name

_____ Applicant Signature

_____ Date

Permission of Parent (required of any student under the age of 19)

I grant my child, _____, who is 16 years of age or older, permission to participate in the approved Morrill County Community Hospital Job Shadow Experience. I understand that he/she may be exposed to patient information and that he/she is responsible for keeping it confidential. I also recognize that he/she may be exposed to potential risks as a result of this experience and agree to not hold Morrill County Community Hospital liable for any harm or injury as a result of this experience.

Parent/Guardian's Signature: _____

Date: _____



ACKNOWLEDGEMENT OF JOB SHADOW POLICY

This policy addresses all requests from Students who are enrolled in a class that require job shadow hours, and outlines the expectations on the day of job shadow.

Job shadow may be arranged subject to department schedules. Human Resources will be responsible in maintaining Job Shadow applications and all required paperwork. Human Resources will also obtain from the student and school a signed affiliation/confidentiality agreement.

Application Process:

Student must complete application and submit to MCCH Human Resources. Application will include, but not limited to:

- Job Shadow Policy Agreement & Authorization to Participate
- Up-to-date immunizations (DTP/DTap/Tdap, Flu shot, Hep B, Inactivated Poliovirus, MMR, Varicella-Chicken Pox, Covid-19 Vaccination)
- Dress Code Acknowledgement Policy
- Request to provide a copy of class syllabus or schedule showing requirement of job shadow observation hours

Restricted areas for job shadow observation include the following:

- Surgery
- ER
- Monitor Room
- EMS (on-scene)

Completed application may be emailed to basar@morrillcountyhospital.org; faxed to Human Resources 308-262-1661; or mailed to:

Morrill County Community Hospital
Human Resources
1313 S Street, Bridgeport
NE 69336

Human Resources will inform student of when application is received and approved. Human Resources will be in contact with the student to schedule job shadow and coordinate schedule with the department Director.

Approved Students will be required to attend the Confidentiality Training prior to Job Shadow Schedule. Student will meet with Human Resources prior to scheduled job shadow observation time and obtain name badge; and review of safety policies and student orientation. When meeting with Human Resources, Student will provide the following:

- * Completed Job Shadow Experience Agreement from School;
- * Students will need to dress appropriately according to MCCH Dress Code Policy;
- * DHHS Child Abuse and Neglect Registry Check.

Student will not be allowed continued or future job shadow observation if at any time Student refuses to follow or complete any of requirements of the MCCH policies as stated. If a HIPAA breach has been reported and founded to be true, Student may not be eligible for future hiring.

I have read and will follow the above Job Shadow Policy.

Student Signature

Date



IMMUNIZATIONS & COMMUNICABLE DISEASES

I understand that I will need to bring proof that I have received the following immunizations:

- DPT/DTap/Tdap (Tetanus)
- Flu (Influenza)
- Hepatitis B
- Inactivated Poliovirus
- MMR
- Varicella (Chicken Pox)
- Covid-19 Vaccination

I also understand that in the event of a communicable disease, Morrill County Community Hospital will reschedule job shadow observation. I understand that if I report to my scheduled clinical rotation ill, I will need to reschedule my observation for a different day.

Student Signature

Date



ACKNOWLEDGEMENT OF DRESS CODE POLICY

Please read the Dress Code Policy and complete the acknowledgement:

Your personal appearance reflects not only your personal attitude but the image of Morrill County Community Hospital. Personal neatness, cleanliness and appropriate apparel will best facilitate the conveyance of the professional image in the best interest of patients, employees and visitors. **Morrill County Community Hospital has a dress code policy and all employees/students are expected to comply.**

All employees/students must be covered from shoulders to knees at all times (no see-through clothing is permitted at any time). Natural and artificial scents may become a distraction from a well-functioning workplace and are also subject to this policy.

The following dress requirements must be followed:

- Employees/students must wear comfortable, clean, non-slip soles that permit walking safely on floors. Sandals may be worn with dresses as long as they are appropriate and safe.
- Employees/students' hair should be worn away from their face at all times while working with patients. Clean and well-groomed hair, well-groomed hands and fingernails, and neat and well-trimmed facial hair is expected.
- Body odor and bad breath are very offensive to patients and co-workers. Please maintain professionalism.
- Excessive cologne, perfume or make-up is not acceptable.
- Employees/students may not wear any facial jewelry, i.e. nose, tongue, eyebrow, lip piercings. Female and male employees may wear earrings that are conservative and that are not a safety concern. Excessive jewelry is not acceptable.
- Sunglasses may not be worn while on duty.
- Employees/students may not display any tattoos that are offensive or obsessive. Your Department Head may ask you to cover up any tattoos that are inappropriate.
- Employees/students should be in Business Casual Attire from Monday-Thursday and in Casual Attire on a Friday.

- At **NO TIME** should employees/students wear the following to work : Shorts, stretch pants, sweat pants, any denim garments with holes in them or are totally bleached out, tank or tube tops, halter tops, tops with spaghetti straps, or strapless tops or dresses, any tight, low cut, or sheer clothing or any attire that exposes skin between the top and bottom layer of clothing, collarless t-shirts (except those purchased through MCCH), pull-over hoodies, slip-ons/slippers/flip flops.

I have read and will follow Dress Code Policy during my scheduled job shadow observation.

Student Signature

Date