

MASON GENERAL HOSPITAL

901 Mt. View Drive, Building #1 • Shelton, WA • 98584 • (360) 426-1611

JUNIOR JOB SHADOW APPLICATION

PERSONAL DATA

PLEASE PRINT

NAME _____ DATE OF BIRTH _____
(LAST) (FIRST)

ADDRESS _____ HOME PHONE _____
(STREET) (CITY) (ZIP)

E-MAIL _____ CELL PHONE _____

NAME OF SCHOOL _____ PRESENT GRADE _____

YOUR OVERALL GRADE POINT AVERAGE _____

ARE YOU INVOLVED IN AFTER SCHOOL ACTIVITIES: I.E., SPORTS, CLUBS, JOB, ETC. THAT WOULD CONFLICT WITH PARTICIPATION IN THE PROGRAM? YES _____ NO _____

If yes, what are they?

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INTERESTS

ARE YOU INTERESTED IN A SPECIFIC MEDICAL CAREER? YES _____ NO _____ IF YES, WHAT FIELD?:

IT IS NOT ALWAYS POSSIBLE TO ACCOMMODATE SPECIFIC DAYS OR HOURS BUT WE WILL TRY TO WORK WITH YOUR PREFERRED DAYS AND TIMES.

DAY(S) OF THE WEEK THAT YOU ARE AVAILABLE FOR OBSERVATION:

HOURS AVAILABLE FOR OBSERVATION:

Are you interested in being a Volunteer? _____

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HEALTH

You will be required to have a Tuberculin Skin Test (T.S.T.). Our Employee Health Nurse will administer this free of charge. Since you are a minor, your parents will have to sign a TB consent form. You will be required to show verification of having received the Varicella (Chicken Pox) vaccine and the Measles, Mumps and Rubella vaccine, or that you have gone through screening.

