Thank you for your interest in a job shadowing at Summa Health System. Job shadowing is a career development activity that will allow you to explore potential careers in healthcare. Currently, job shadowing is limited to observations in nursing and specific occupations in allied health to support Summa’s talent pipeline for critical workforce shortages.

Summa’s Human Resources Department will immediately confirm receipt of your request once it has been received. Every attempt will be made to accommodate your request, however placement cannot be guaranteed. For more information and details about job shadowing or applicable restrictions, please contact Kimberly Moss, Workforce Development Specialist at (330) 375-6263 or send an email to mosski@summahealth.org.

INSTRUCTIONS

1. The submission deadline of this request must be a minimum of four (4) weeks prior to the desired date of the experience.

2. Complete each section of the request form. Signature(s) required to process request.

3. Mail or fax your request to:

   Kimberly A. Moss
   Human Resources Department
   Summa Health System
   525 East Market Street, P. O. Box 2090
   Akron, Ohio 44309-2090
   Email: mosski@summahealth.org
   Fax: 330-375-4152
JOB SHADOW / CLINICAL OBSERVATION REQUEST FORM

Please use a ballpoint pen. Do not complete in pencil.

PERSONAL INFORMATION

First Name _____________________ MI_____ Last Name _____________________
Address __________________________ City________ State _____ Zip__________
Contact Phone: (______)___________ Email: ______________________________

For minor applicants only: Parent/Guardian Name: ______________________________
Contact Phone: (______)___________ Email: ______________________________

Is parent/guardian a current employee of Summa Health System?  ☐ Yes  ☐ No

SCHOOL INFORMATION

High School or College/University: __________________________ City &State: ____________
Current school status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Out of School
Advisor’s Name: __________________________ Phone: __________ Email: ______________

REQUEST

If you have already arranged or secured a job shadow with a Summa employee or department, please list their contact information below then skip to the Applicant Agreement on page 2.

Employee Name: __________________________ Job Title: __________________________
Department: __________________________ Phone #: __________________________

What date or timeframe did the employee or department commit to hosting you for an observation:
From: _____ / _____ to _____ / _____ Time: _____ to _____
Month Day Month Day AM or PM AM or PM

What job(s) or occupation(s) are you interested in observing. List choices in priority order.
1st Choice __________________________________________
2nd Choice __________________________________________
3rd Choice __________________________________________
Which location would you prefer to complete the observation?
Check ☑ all that apply or list your 1st, 2nd and 3rd choices.

☐ Summa Akron City Hospital (525 East Market Street, Akron OH 44309)
☐ Summa Barberton Hospital (155 Fifth Street, NE, Barberton OH 44203)
☐ Summa St. Thomas Hospital (444 Main Street, Akron OH 44310)
☐ Summa Wadsworth-Rittman Hospital (195 Wadsworth Road, Wadsworth, OH 44281)
☐ Summa Wellness Institute (College students only) (5625 Hudson Drive, Hudson, OH)
☐ Summa Health Center at Green 3838 Massillon Road, Uniontown, OH 44685-7965
☐ Summa Physicians Medical office: ________________________________
☐ Other location: ________________________________________________

What date do you want to begin the observation? _____ /_____ /___

What days of the week you are available to participate in an observation?

☐ Monday  ☑ Tuesday  ☐ Wednesday  ☐ Thursday  ☐ Friday

What hospital shifts are you available for an observation?*

☐ 1st Shift (7am – 3:30pm)
☐ 2nd Shift (3:30pm – 11pm)
☐ 3rd Shift (11:00pm – 7am)

(Hospital policy restricts high school students’ and other minors’ participation in observations to first shift between the hours of 7:30am to 3pm, Monday through Friday, during the regular school year.)

APPLICANT AGREEMENT

I have read the eligibility requirements for participation in a job shadowing/clinical observation at Summa Health System 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 Summa Health System and may require a criminal background and/or a health screening.

________________________________________  ___________________________  ______
Applicant Signature                  Printed name                  Date

________________________________________  ___________________________  ______
Parent/Guardian Signature                  Printed name                  Date
(Required for minor applicants only)
Participation Liability Waiver and Release Form

To be completed by adult applicants (College level and Above)

In consideration that I, __________________________ am being permitted to participate in __________________________

(Print Name)

Summa Health System’s workforce development programs (e.g., job shadowing, observations, tours, etc.), I, the undersigned, 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 heirs, and personal representative(s) agree to defend, hold harmless, indemnify, release, and forever discharge Summa Health System, 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 Summa career-related program.

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

__________________________  __________________________  __________
Signature  Printed name  Date
Emergency and Safety Information Form  
*To be completed by adult applicants (College level and Above)*

**CONSENT FOR EMERGENCY TREATMENT**

In the case of an injury while participating in career exploration activities at Summa Health System, I give my consent for the Hospital, its physicians, employees and agents to render emergency and other necessary medical treatment. I, ________________________________, release the Hospital, its physicians, employees and agents from any claim of unlawful invasion of the person predicated on consent to perform the emergency treatment in question.

_________________________________  ____________________________  __________
Signature                                Printed name                                   Date

Initial here if you wish to decline receiving emergency medical treatment at Summa

**EMERGENCY CONTACT INFORMATION**

Please provide the name and contact information of an individual who should be contacted in the event of an emergency.

Name ________________________________________________ Relationship __________________

Home Phone __________________ Work Phone __________________ Cell Phone:____________________

Email Address: __________________________

**FLU SHOT VACCINATION REQUIREMENT** *(Effective December 15, 2011 through May 31, 2012)*

I have read the Flu Shot Vaccination Policy and understand that I must be influenza-vaccinated in order to participate in an observation at a Summa Health System hospital, clinic or office from December 15, 2011 through May 31, 2012. I will comply with the policy and provide documentation of my flu vaccination prior to the day of my scheduled observation.

☐ Check here if your flu vaccine documentation is included with this request form.

_________________________________  ____________________________  __________
Signature                                Printed name                                   Date
Participation Liability Waiver and Release Form

To be completed by a parent / guardian and minor applicant

In consideration of my child, ___________________________ being permitted to participate in

(Print Student’s/Child’s Name)

Summa Health System’s career-related programs (e.g., job shadowing, tours, hands-on activities, etc.), I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in this activity, provide permission for my child to complete a job shadowing experience at Summa Health System, and agree to assume all risks and responsibilities surrounding my child’s participation in this activity. Further, I do for myself, my child, my heirs, and personal representative(s) agree to defend, hold harmless, indemnify, release, and forever discharge Summa Health System, 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 child’s participation in any Summa career-related program.

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

__________________________  ___________________________  ___________
Parent Signature       Printed name                       Date

__________________________  ___________________________  ___________
Student Signature       Printed name                       Date
Emergency and Safety Information Form

**To be completed by a parent or guardian if applicant is a minor**

**CONSENT FOR EMERGENCY TREATMENT**

In the case of an injury while participating in career exploration activities at Summa Health System, I give my consent for the Hospital, its physicians, employees and agents to render emergency and other necessary medical treatment. I, ______________________, release the Hospital, its physicians, employees and agents from any claim of unlawful invasion of the person of the minor predicated on consent to perform the emergency treatment in question.

________________________________________  __________________________  __________
Parent Signature                          Printed name                                  Date

________________________________________  __________________________  __________
Student Signature                         Printed name                                  Date

☐ Initial here if you wish to decline receiving emergency medical treatment at Summa

**EMERGENCY CONTACT INFORMATION**

Please provide the name and contact information of an individual who should be contacted in the event of an emergency.

Name __________________________________________ Relationship ___________________

Home Phone _____________________ Work Phone _____________________ Cell Phone: __________________

Email Address: __________________________

**FLU SHOT VACCINATION REQUIREMENT**  *(Effective December 15, 2011 through May 31, 2012)*

I have read the Flu Shot Vaccination Policy and understand that I must be influenza-vaccinated in order to participate in an observation at a Summa Health System hospital, clinic or office from December 15, 2011 through May 31, 2012. I will comply with the policy and provide documentation of my flu vaccination prior to the day of my scheduled observation.

☐ Check here if your flu vaccine documentation is included with this request form.

________________________________________  __________________________  __________
Parent Signature                          Printed name                                  Date

________________________________________  __________________________  __________
Student Signature                         Printed name                                  Date
FLU SHOT REQUIREMENTS

Summa Health System has a mandatory flu vaccination policy effective December 15, 2011

From December 15, 2011 until the end of the influenza season (approximately March 2012 to May 2012), every student must be influenza-vaccinated in order to be in Summa Health System hospitals, clinics or offices for any clinical rotation, practicum, internship or observation. The privilege of a clinical rotation, practicum, internship or observation cannot be granted to unvaccinated students.

Students who wish to complete a clinical experience or observation at any Summa Health System facility must provide proof of receiving a flu vaccine after August 1, 2011 for the current flu season with any one of the following forms of documentation:

- Printed receipt showing the students’ name and detail of service from the provider
- Insurance benefits explanation with the student’s name and detail of service
- Detailed note from a physician or physician assistant

Students must provide their vaccine documentation prior to starting their clinical experience or scheduled observation. Documentation may be presented during a required health screening at the Summa’s corporate health department or forwarded to the Human Resources department. If presenting to Human Resources, please fax, mail or email the vaccine documentation to the following:

Summa Health System
Akron City Hospital
Human Resources Department
Attn: Kimberly Moss
525 E. Market Street
P.O. Box 2090
Akron, Ohio 44309-2090
Fax: (330) 375-4152
Email: mosski@summahealth.org

Rev. 12/8/2011