



Job Shadow Program Participant Registration Form – Under Age of 18

Instructions:

Students wishing to participate in the *Take a Walk in My Shoes* Program, please fax your completed application form and resume to 519-252-4565 or e-mail to: takeawalkinmyshoes@wrh.on.ca.

Name: _____
First Last

Date of Birth: _____ **Telephone Number (H):** _____

Home Address: _____
No and Street Address City Postal Code

Email Address: _____

School Attending: _____ **Grade:** _____

Area of Job Shadowing :

The positions below are available for the job shadowing. Please number your preferred Area for Job Shadowing in order of preference: _____ (other specific)

- | | | |
|---|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Radiation Treatment | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Diagnostic Imaging (X-Ray) | <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Public Affairs/Communications |
| <input type="checkbox"/> Administration (Clerical) | <input type="checkbox"/> Facilities (Skilled Trades) | <input type="checkbox"/> Physiotherapy |

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number: _____

Confidentiality

I, _____, agree that during my job shadowing experience and afterwards, I will not directly or indirectly disclose or use any confidential information including but not limited to information about patients or the organization. I understand the policy will be fully explained to me on the day of my shadowing experience.

Media Release

I hereby grant to Windsor Regional Hospital and the Employer Registry and his/her legal representatives the right to use and publish video recordings or pictures of me, or in which I may be included in any Windsor Regional Hospital publications or broadcasts.

Accept Decline

Participant Signature: _____ Date: _____

I confirm that my son or daughter, _____, has my permission to participate in the *Take a Walk in My Shoes* program at Windsor Regional Hospital.

Parent or Guardian Signature: _____ Date: _____

Once your application and resume have been received we will be in touch with you to schedule your shadowing date.