



400 North Pepper Avenue
Colton, California 92324

Observer/Job Shadowing Application Form

INSTRUCTIONS:

Step I: Please complete this application form, read the agreement statement and sign below. You must be at least 14 years old.

Step II: During the months of September through March, you must submit a copy of your seasonal flu shot documentation with this form. No flu shot declinations will be accepted.

Step III: Submit your paperwork together **as a packet**, by mail, fax, or scan/email. An incomplete form or missing documentation will delay the start of your experience.

Mail: Education Department, 400 N. Pepper Avenue, Colton, CA 92324;

Fax: (909) 580-1202; **Email:** hardasd@armc.sbcounty.gov

Step IV: Upon arrival for your observation, your hosting profession/department will ask you if you are ill. If you are ill, or you become ill; you will be sent home immediately and will need to reschedule your experience. We appreciate your help in maintaining our patient's safety.

SECTION A: OBSERVER'S INFORMATION

Name: _____ Email Address: _____

Street/Mailing Address: _____

City/State/Zip: _____ Phone Number: _____

School/Organization (if applicable) _____

Observation Date(s) Requested: _____

Department/Unit where observation will occur: _____

Reason for Observation: _____

Name of person you want to observe (if known): _____

Department Supervisor's Name: _____ Signature : _____

Name of person who referred you to Education Department: _____

SECTION B –HEALTH REQUIREMENTS

- Influenza (Flu Shot) – No declinations will be accepted
- Documentation of a current seasonal flu shot is only required for experiences that start between September 1st and March 31st.

Dates(s) observer received a negative TB (tuberculosis) skin test or negative chest x-ray within last 12 months __/__/__

SECTION B –AGREEMENT STATEMENT

Privacy/Confidentiality: The individual agrees that any patient health information or knowledge acquired from clients/patients, their records, or computerized data will be in strict confidence, both verbally and in written material, shall not, unless required by law or otherwise permitted by ARMC designated personnel, be disclosed or used during or after termination of the individual’s placement at ARMC without ARMC’s prior written consent. Clients/patients will not be identified in any manner in paper, reports, or case studies undertaken by me, for any reason. (Signature also required on the attached Information Security and Confidentiality Agreement form)

Release/Indemnification: As an Observer, I hereby does release and , indemnify and hold harmless ARMC, its members, directors, officers, employees and representatives from any and all responsibility and obligation, and agrees not to hold ARMC liable for any or all injuries, losses, damages or expenses which may occur as a result of any act or omission of ARMC, its members, directors, officers, employees or representatives, or which may arise from the individual’s participation in the job shadow program at ARMC.

Illness: - The individual hereby forever releases and shall discharge all claims and causes of action whatsoever, present and future, against ARMC, its directors, officers, employees and agents, related to or arising out of any illness, disease or health condition that individuals may contract, develop or come into contact with while on the premises of ARMC.

Medical Treatment: – ARMC shall provide or refer outpatient treatment to individuals while in the facility for job shadow program placement in case of an accident or illness. However, in no circumstances shall ARMC bear the cost of the emergency outpatient treatment.

Communicable Disease: – The individual agrees to disclose if he/she has had contact with others who have Varicella, Severe Acute Respiratory Syndrome or other communicable disease that would threaten the safety of patients or staff.

ARMC reserves the right to terminate an observation experience at any time, for any reason.

I hereby acknowledge that I have read and understand the above information and that my signature below signifies my agreement to comply with the above terms. My signature below also indicates that I have read through the Orientation and Resource Booklet, and will take responsibility for the information contained in it.

Observer’s Signature: _____ **Date:** _____

Parent Co-Signature (if observer is under 18 years/old: _____

For Education Development Department Use Only:

Mentor’s Name: _____ Department Head Approval: Yes No Name: _____

Clearance Signature, Education Department: _____ Date _____