IOWA STATE UNIVERSITY
Thielen Student Health Center

2647 Union Drive
Ames, Iowa 50011
Phone: 515-294-5801
Fax: 515-294-5457

Application for Job-Shadow

Name:_____

Address:_____ Email:_____

Phone number:_____

If under age 18, provide parent/guardian contact information:

Parent/Guardian name:_____

Parent/Guardian cell phone number:_____

School or college/university you attend:_____ Grade/Year: _____

Teacher/faculty advisor:_____ Email:_____

List 3 date(s)/times you are available: _____

If you have a department you would like to shadow, please check the box(s) below.

- ☐ Main Clinic (primary care)
- ☐ Physical Therapy
- ☐ Lab
- ☐ Radiology
- ☐ Pharmacy

Briefly describe your goals for the job shadow experience:

_____

_____

Briefly describe your career goals:

_____

_____

I agree and understand the following:

1. Job shadowing may not be available in the clinic departments I request.
2. Staff may not be available to job shadow on the dates I select. If alternative dates are available TSHC will communicate that to me.
3. This is a service TSHC provides to students, however TSHC is under no obligation to provide these opportunities.
4. This is an observation only opportunity, I will not provide any direct patient care.
5. I will follow any and all rules, policies and/or procedures as TSHC directs. If I do not, I will be removed from the clinic.
6. The decisions of TSHC regarding this application are final.

Student's Printed Name		Today's Date (MM/DD/YYYY)
Signature of Student (or Legal Representative, if applicable)		If applicable, Legal Representative's Printed Name and Relation to Student (e.g., Mother, Father, Guardian, etc.)