



Montgomery County Memorial Hospital + Clinics

Job Shadow Registration

Student Name: _____

Address: _____

Phone Number: _____

What career are you planning to shadow? _____

Job Shadow participants must be 16 years of age for all departments with the exception of the Radiology department. Radiology requires participants to be 18 years of age, excluding Ultrasound which participants can be 16 years of age.

To participant in a job shadow I agree to:

- 1) Return the Job Registration Form to MCMH Human Resources Department (HR)
- 2) Provide proof of age, in the form of valid Driver's License and/or Birth Certificate.
- 3) Provide my own transportation
- 4) Must comply with all Montgomery County Memorial Hospital policies while within the facility.

Signature of Student: _____ Date: _____

I give my permission for my child _____ to participate in the MCMH Job Shadow program.

Signature of Parent/Legal Guardian: _____

Printed Name of parent/Legal Guardian: _____ Date: _____



HR Department

Department assigned to: _____

Manager assigned to: _____

Date Job Shadow assignment begins: _____

HR Department Signature: _____

Date: _____



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VOLUNTEER/JOB SHADOWING CONFIDENTIALITY AGREEMENT

I understand and agree that as a Volunteer/Job Shadow Student at Montgomery Memorial Hospital (MCMH) I must hold medical, personnel, and financial information in strict confidence. Further, I understand that violation of MCMH, its employees', and /or its patients' confidentiality will result in Volunteer work/Job Shadow Student termination and may also include possible fines and /or imprisonment under state or federal law.

Signature of Volunteer/ Job Shadow Student

Date

Printed Name of Volunteer/ Job Shadow Student

RELEASE OF LIABILITY AGREEMENT

In consideration of the opportunity to receive information and education from Montgomery County Memorial Hospital team members through observation and discussion, I hereby irrevocably and unconditionally release, remiss, and forever discharge Montgomery County Memorial Hospital and each of its agents, directors, officers, employees, medical staff, affiliated, and its predecessors, successors and assigns and all persons acting, by through or under, or in concert with any of them from any liabilities, obligations, promises, agreements, controversies, damages and expenses (including attorney fees and costs actually incurred), of any nature whatsoever, in law or equity, which I may have or my heirs, executors and administrators hereafter may have.

Signature of Volunteer/ Job Shadow Student

Date

Printed Name of Volunteer/ Job Shadow Student

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian