### HIGH SCHOOL JOB SHADOW PROGRAM DESCRIPTION

#### Purpose:

The Fort Drum Regional Health Planning Organization (FDRHPO) understands that hands-on and observational experiences in a healthcare setting are crucial aspects of developing an effective healthcare workforce in the Fort Drum Region; a 40 mile radius of Fort Drum to include; Jefferson, Lewis and southern St. Lawrence Counties. It is evident that job shadowing is a beneficial situation for everyone involved: students, educators and employers. Each participant involved gains unique benefits from the experience:

### For Students:

- Helps students identify their areas of interest
- Exposes students to various career possibilities in the healthcare industry
- Allows the students to learn, observe, and develop relationships with healthcare professionals *For Educators:* 
  - Assists in motivating students to learn the math and science fields
  - Provides an in-class resource for other students who may also have the same field of interest

### For Employers:

- Promotes long-term mentoring relationships
- Helps prepare the future workforce

### **Program Description:**

A student in the Job Shadow Program, will spend **16-24 hours** observing in a healthcare facility. As part of the 16to 24- hour shadowing experience, students will observe daily responsibilities and work environments of specific healthcare roles of interest. Job shadowing enables students to identify their passions and provides opportunities to network and develop relationships with local healthcare professionals who can help make a positive impact on future career decisions. One of the greatest advantages of job shadowing is that it helps define a pathway toward career goals and provides a real-time, real-life experience placing students "in the shoes" of a healthcare professional.

### **Application Process:**

To apply for the Job Shadow Program, students must submit a completed application to the FDRHPO office by fax, mail or online at the FDRHPO website: **www.fdrhpo.org**. All applications need to be accompanied by the School Counselor Referral and Ranking Form. After submission, the FDRHPO Workforce Outreach Manager will review the application, coordinate placements, and be the point of contact. Placement of all job shadow opportunities will be based on the availability of the placement sites for the field of interest identified on the application. This is an ongoing program and there is no deadline for applications.

In order to be eligible for the program, the applicant must:

- The applicant must be a high school student in Jefferson, Lewis or St. Lawrence County
- The applicant must provide evidence of being in good academic standing
- The applicant must be in grades 10-12

\*\*Job Shadow program students may also need to provide the following:

- A copy of an up-to-date immunization record
- Proof of a health physical (within the past year)
- Documentation of any allergies
- Any additional site specific paperwork/requirements

### HIGH SCHOOL JOB SHADOW PROGRAM APPLICATION

Name:					Date:	
Home Mailing Address:						
City:		State:			Zip:	
Home Phone: ()	Cell Pl	none: ()	)			
E-mail Address:						
School Name:	Age:		Curren	t Grade	:	
When would you be available to p your involvement with extracurricu	-	-	ogram?	(Please	take into co	onsideration
Please document specific availabi	ility for shadowing (sch	100l breaks	, days,	times, etc	c)	
What healthcare fields are you int 1 2 3						
Do you have a specific placement 1. 2. 3. 3. 4. Are you currently employed? Do you have transportation to and	YesNo If ye	s, where? _				
<b>Do you have previous experience</b> is previous healthcare experience by it	in the healthcare field?	Yes	s	No _ I	f yes, please	
Have you attended a FDRHPO M attendance?	IASH Camp?	Yes	_No	If yes, w	vhat was the	date of your
How did you hear about this prog	gram?					
Short Answer Questions: As part of answer questions by writing or typin 1. Please explain why you think you 2. Please expand on your future edu 3. Please provide a brief description	ng responses on an additi u would be a good choic	ional piece e for the Jo	of pape b Shad	r and att	aching it to	this application.

I certify that the information contained in this application is true and complete to the best of knowledge.

Signature of Applicant

Please have your parent/guardian sign below, acknowledging your interest in participating in program.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Parent/Guardian Email Address

Date

Phone Number of Parent/Guardian

Please direct any questions and a completed application to:

Fort Drum Regional Health Planning Organization Workforce Outreach Manager 120 Washington Street, Suite 230 Watertown, NY 13601 (315) 755-2020 ext 25 (office) (315) 755-2022 (fax) workforce@fdrhpo.org

Date

## Job Shadow School Counselor Rating and Reference Form

Form must be completed and signed by student's School Counselor.

Student Name:

### Please verify that the student meets the following information:

1. Student is in grades 10-12 <sup>th</sup>	□ Yes	□ No
2. Student has a good attendance record	□ Yes	□ No
3. Student has a GPA of 75 or above	$\Box$ Yes	□ No

## Please rate the student on a scale of 1-5 on the following characteristics:

(1 being the lowest; 5 being the highest)

4. Student interacts and communicates appropriately with students and adults	
5. Student is an active leader in the school and local community	
6. Student exhibits ability to stay engaged for extended periods of time	
7. Student shows an eagerness to learn and develop new skills	
8. Student has the maturity level to participate in a professional setting	
9. Student has expressed interest in the healthcare field	
10. I would recommend this student to participate in the Job Shadow Program	

Comments: \_\_\_\_\_

Counselor Name:

Date:

Counselor Signature:

Form should be submitted with application by mail in a sealed envelope, faxed with application or emailed to:

Fort Drum Regional Health Planning Organization Workforce Manager 120 Washington Street, Suite 230 Watertown, NY 13601 (315) 755-2020 ext 25(office) (315) 755-2022 (fax) workforce@fdrhpo.org