

Shadow-A-Professional Application

Office Use Only	
Application Received _____	PIN # _____
Interview _____	Jersey Size _____
Orientation _____	[] SCHEDULED
CORI _____ TB _____	Immunizations _____

Brenda LeBlanc,
Volunteer Coordinator
978-683-4000 x2645

Shadow-A-Professional Program – Must be a current Junior or Senior in High School to apply. Applications are due Friday, May 5th, 4:00pm. This program allows high school junior and senior students who are interested in the hospital industry to explore career options and/or gain experience to add to a resume when applying to college. This 5-day program runs from June 26 – June 30, 2023.

PERSONAL INFORMATION

First Name _____ Last Name _____

Street Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cellphone _____ Date of Birth (optional) _____

Email Address _____

SCHOOL, VOLUNTEER AND WORK EXPERIENCE: I am a high school ____Junior ____Senior

Please list your high school _____

How did you learn about the Shadow-A-Professional Program? _____

Have you ever been employed, volunteered, or currently volunteering at this hospital? _____

Summer Student Program - Please complete this section if you also want to volunteer this summer. This six-week program runs from July 10th to August 18, 2023:

Are you available to attend hospital orientation Wednesday, June 14, 2023, 3:30pm – 5:30pm? _____
(Returning or current volunteers do not need to attend hospital orientation)

Please provide vacations / camps dates that you will not be available during the 6-week timeframe:

View Current Volunteer openings on our website: www.lawrencegeneral.org and search for Volunteer Opportunities – Select the top 3 places to volunteer:

1. _____ 2. _____ 3. _____

Please circle how many times a week you would like to volunteer (1 day is not an option): 2 days 3 days

Preferred Times: [] mornings 8 or 9am-1pm [] Afternoons 1-3pm [] Evenings 3-7pm
(Under 18, you cannot volunteer past 7pm)

Preferred Days: [] Sunday [] Mondays [] Tuesday [] Wednesday [] Thursday [] Fridays [] Saturday

Please include this page in your packet

EMERGENCY CONTACT:

Name: _____

Relationship to you: _____

Home Phone _____

Cell Phone: _____

Your School Guidance Counselor Information:

Name: _____ Telephone Number: _____

Email: _____

SIGNATURE

- The information on this application is true to the best of my knowledge. I understand that false statements made as part of this application will be considered cause for dismissal.
- I understand that if I am accepted as a Shadow-A-Professional, I will not be paid for my services.
- I understand that if I am accepted as a Shadow-A-Professional, I will agree to abide by the guidelines of the Volunteer Services program.
- I grant authorities of this hospital to investigate my references.
- I understand that Criminal Offender Record Information (CORI) checks are required for all applicants over the age of 18. Acceptance to the volunteer program is contingent upon successful clearance of CORI evaluation.

*Applicant Signature _____ Date _____

*If you are under 18 years of age, the signature of a parent or guardian is required:

Parent/Guardian Signature:

_____ Date _____

Please include this page in your packet

Health Screening

Name: _____

Date of Birth: _____

Directions: Please take this form to your health care provider for completion. The lab tests needed when immunization records are not available may be costly, and you are responsible for payment. Please be diligent in getting your records from your private physician, school record or previous employer.

For Health Care Provider Completion: For this individual to qualify to volunteer at Lawrence General Hospital, there are minimal infection control standards that need to be met. **A list of the standards is on the next page.** Please complete the form below with special consideration to the following: If there is no evidence of measles and/or rubella immunity, please administer MMR or draw titer(s). For questions on form completion, 978-683-4000, ext. 2645. Thank You.

Signature of Health Care Provider: _____ Date: _____

A copy of your immunization records or your school health record is acceptable. In addition, we need a copy of your COVID vaccine card.

Location: _____ Telephone: _____

MMR	MMR #1 DATE: _____ or <input type="checkbox"/> Titer, please provide documentation MMR #2 DATE: _____ <input type="checkbox"/> MMR Booster, please provide documentation	
TDAP	TDAP Date: _____	
VARICELLA	History of Chicken Pox: Yes ____ No ____ If No History: <input type="checkbox"/> Titer, please provide documentation or Vaccination Dates: #1: _____ #2: _____	
HEP B	Hepatitis B Vaccine Date # 1: _____ Hepatitis B Vaccine Date # 2: _____ Hepatitis B Vaccine Date # 3: _____	<input type="checkbox"/> Titer, please provide documentation <input type="checkbox"/> Or Declination Signed: _____
TB	Date Planted: _____ Date Read: _____ Result in MM: _____ <input type="checkbox"/> TB Assessment Risk Form completed and included with application <input type="checkbox"/> Date Q-GOLD TB Blood Test completed, please provide documentation	
FLU	<input type="checkbox"/> Flu Vaccine: please provide documentation	
COVID	<input type="checkbox"/> COVID Vaccine: Include a copy of an official CDC-issued vaccination card	

☐ Occupational Health, 2nd Floor, 25 Marston Street, Suite 204
Lawrence, MA Monday – Friday, 8:30am – 4:00pm

Infection Control Standards for Health Clearance

Tuberculosis Screening and Chest X-Rays. *One of the following is required:*

- A. One (1) PPD Skin test within the *past 12 months and complete a TB Risk Assessment Form.*
- B. For individuals known to be PPD test positive, there needs to be a record of a negative chest x-ray report done by your physician.
- C. Receive the IGRA blood test such as the QuantiFERON – TB Gold blood test or T-SPOT TB.

Measles and Rubella Immunity. The following is required:

- A. Documentation of two MMR vaccines, or
- B. Proof of immunity to measles, mumps, and rubella by titer (blood test done by your private Physician. Please note that you will be responsible for payment for this test.)

Hepatitis B Vaccine. For individuals who may be exposed to blood or body fluids during their experience at LGH:

- A. Documentation of the Hepatitis B series, or
- B. Positive antibody test for hepatitis B will be done our Occupational Health Department.

LGH will provide this vaccine free of charge to individuals who may be exposed to blood or body fluid during their work.

Chicken Pox: Anyone who does not have a history of chicken pox is **strongly recommended** to get the chicken pox (varicella) vaccine from his/her primary care provider. As an adult, chicken pox can be a very serious illness.

Flu Vaccine: 100% compliance during Flu Season, usually October – April of every year.

COVID Vaccine: Fully vaccinated: Individuals are considered fully vaccinated for COVID-19 two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna) or vaccine authorized by the World Health Organization, or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen).

To verify COVID-19 vaccination: An official CDC-issued vaccination card (or digital version/ photo) with your name and dates of doses, including the date the last dose was administered printed on the card must be provided.

Shadow-A-Professional Instructions

Thank you for your interest in The Shadow-A-Professional program that allows high school **junior and senior students** interested in the hospital industry to explore career options and/or gain experience to add to their resume when applying to college. *A limited number of students* will be accepted into the program, based upon the following criteria:

- **The one-week program will begin Monday June 26, 2023, and end Friday June 30, 2023.** Students who are accepted must commit to participating in the Shadow Program for the full 5 days to earn your certificate.
- Students being considered for the Program will be contacted to attend an interview. Interviews last approximately 20 minutes.
- Upon reviewing the applications, students not considered for the Program will be notified by email the week of May 15th.
- Accepted students will attend “Virtual” Volunteer Orientation **Wednesday, June 14, 2023, 3:30 – 5:30 pm or be disqualified.** *(Returning or current accepted students do not need to attend hospital orientation)*
- **Monday, June 26, 2023, at 8am; plan to meet** in the Volunteer Office for a quick welcome and meet your supervisors who will take you to your Shadowing destination.
- Shadow-A-Professional Students will receive a jersey polo shirt.
- Volunteering in the hospital before and after Shadow-A-Professional Program is welcomed and encouraged.

Student Responsibilities – Submit all documents in **one complete packet** by Friday, **May 5, 2023, 4:00pm deadline.** Packets must be in the office on that date, not postmarked by that date. Hand delivery is acceptable. **No applications will be accepted after this date.** Please do not enclose your application in a binder or dividers.

1. ☐ Submit a Shadow-A-Professional application – neat – no pencil.
2. ☐ Submit a photocopy of your student school identification or other photo.
3. ☐ Submit the Health Screening form completed by your personal physician. Copies of immunization records are also acceptable. *(TB test will be completed if accepted into the Program)*
4. ☐ Submit an original **1-page resume** in exact order of the bullets below. Be creative and professional!
 - Name, contact number(s) and Email
 - Objectives of your Education & Career Goals *(share your education career path and your desired career if known)*
 - Skills
 - School, including your GPA, best classes *(let me know where you go to school and what are some of your favorite classes)*
 - Elective classes/camps *(share extra classes or camps you have taken to further your education career)*
 - Academic Awards, Honors, or other Achievements
 - Volunteer Experience *(include, school, church, nursing homes, hospitals, tutoring, etc.)*
 - Extracurricular activities *(such as clubs, sports, and other organizations)*
 - Leadership Experience *(Boast about your leadership skills and give examples)*
 - Hobbies
5. ☐ Submit two (2) letters of recommendation from teachers or mentors.
6. ☐ Submit a parental signed agreement stating that the student will commit and be present during the entire 5-day program (see last page for parental agreement). **No exceptions will be made with these dates.**

Mail packet to: Brenda LeBlanc, Volunteer Services Coordinator
Lawrence General Hospital
1 General Street
Lawrence, MA 01841

Commitment Agreement for the 2023 Shadow-A-Professional Program

I agree that if I am accepted to the Lawrence General Hospital Shadow-a-Professional Program, I:

- understand that the program begins Monday, June 26 and ends Friday, June 30, 2023.
- will commit to being available for the entire 5 days. I will be present for all shifts that I am assigned to.
- agree that I will attend the “virtual” volunteer orientation **Wednesday, June 14, 2023, 3:30 – 5:30 pm**
or be disqualified.
(Returning or current volunteer students do not need to attend hospital orientation)
- will submit the required documents noted under Student Responsibilities.
- understand that if I cannot commit to the above requirements, I forfeit the opportunity to participate in this program.

Student Name: _____

Student signature: _____

Date: _____

Parent/Guardian name: _____

Parent/Guardian signature: _____

Date: _____

Please include this page in your packet: