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Shadow-A-Professional Instructions

Thank you for your interest in The Shadow-A-Professional program! *A limited number of students* will be accepted into the program, based upon the following criteria:

1. **The one-week program will begin Monday June 24, 2024, and end Friday June 28, 2024.** Students who are accepted must commit to participating in the Shadow Program for the full 5 days to earn your certificate.
2. Students being considered for the Program will be contacted to attend an interview. Interviews last approximately 20 minutes.
3. Upon reviewing the applications, students not considered for the Program will be notified by email the week of May13th.
4. Accepted students will attend Volunteer Orientation **Wednesday, June 12, 2024, 3:30 – 5:30 pm or be disqualified**. *(Returning or current accepted students do not need to attend hospital orientation)*
5. **Monday, June 24, 2024, at 8am; plan to meet** in the Volunteer Office for a quick welcome, group photo, and meet your supervisors who will take you to your Shadowing destination.
6. Shadow-A-Professional Students will receive a jersey polo shirt.
7. 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 3, 2024.** 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! Essay format will not be accepted.
   - Name, contact number(s) and Email (*please use the same email address on your application and resume).*
   - 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 help 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.**

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Shadow-A-Professional Application

Office Use Only

Application Received ____________ PIN #_______
Interview _____________________ Jersey Size ____
Orientation ____________________ [ ] SCHEDULED
CORI ________TB_______________ Immunizations _____

Brenda LeBlanc,
Program Manager
978-683-4000 x2645

Must be a current Junior or Senior in High School to apply. Applications are due Friday, May 3rd. 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 24 – June 28, 2024.

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 8th to August 16, 2024**:**

Are you available to attend hospital orientation Wednesday, June 12, 2024, 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

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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. 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 _____

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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 and printed name/stamp 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.
Office/Clinic Name or Stamp: _____ **Telephone**: _____

MMR	MMR #1 DATE: _____ or ☐ Titer, please provide documentation MMR #2 DATE:_____ ☐ MMR Booster, please provide documentation	
TDAP	TDAP Date: _____	
VARICELLA	History of two documented vaccines or else provide a positive immune titer Vaccination Dates: #1: _____ #2: _____ or Titer, please provide documentation	
HEP B	Hepatitis B Vaccine Date # 1:_____ Hepatitis B Vaccine Date # 2:_____ Hepatitis B Vaccine Date # 3:_____	☐ Titer, please provide documentation ☐ Or Declination Signed:_____
TB	Date Planted: _____ Date Read: _____ Result in MM: _____ ☐ TB Assessment Risk Form completed and included with application ☐ Date Q-GOLD TB Blood Test completed, please provide documentation	
FLU	☐ Flu Vaccine: please provide documentation	
COVID	☐ COVID Vaccine: Include a copy of an official CDC-issued vaccination card OR Massachusetts Vaccine Record (if administered in MA), visit **MYVAXRECORDS.MASS.GOV** for details	

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

Health Screening form updated: 9-25-19, 8-4-20, 9-23-20, 10-4-21, 1/31/23, 9/7/23, 11/29/23

Please include this page in your packet or provide a copy of your immunizations

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Health Screening

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 proof of a negative chest x-ray and report of review from pediatrician/PCP are required.
C. Receive the IGRA blood test such as the QuantiFERON – TB Gold blood test or T-SPOT TB.
D. Ongoing volunteers will complete a yearly TB Risk Assessment Form.

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. Not all volunteers will need to have a Hep B Surface Antibody test done, only **those volunteers who are reasonably anticipated to have exposure to blood or other potentially infectious materials"** per OSHA guidelines.

Chicken Pox: History of two documented vaccines or else provide a positive immune titer.

Flu Vaccine: 100% compliance during Flu Season, per the CDC.

COVID Vaccine: Individuals are considered "fully vaccinated" (1) two weeks after receiving the second dose in a two dose COVID-19 vaccine series or (2) two weeks after receiving a single dose COVID-19 vaccine. LGH currently requires that employees, volunteers, medical staff are fully vaccinated against COVID 19. LGH also follows CDC recommendations in encouraging all to remain up to date with COVID vaccination.

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ASSESSMENT OF SYMPTOMS FOR TUBERCULOSIS

Please complete this questionnaire:

Have you ever had a positive skin or blood test for Tuberculosis (TB)? YES or NO

Have you ever been treated for latent or active TB? YES or NO

Have you lived or travelled outside of the US for greater than a month in the last 5 years? YES or NO

Please indicate whether you have any of the following symptoms:

YES	NO	
		Persistent cough
		Unexplained weight loss
		Night sweats
		Bloody sputum
		Loss of appetite
		Fever

Above I indicated if I have any symptoms related to a possible TB infection. Should I now, or at any time in the future have these symptoms, I will contact the Occupational Health staff. I understand that I may ask Occupational Health staff or my personal physician for any additional information regarding TB.

_____ _____ _____

Signature (print your name) Date

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

_____ _____ _____

Signature (print your name) Date

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Health & Wellness Measures in the Workplace Policy, *6/2023*

Purpose or Description
The good health, well-being, and safety of employees, patients, volunteers, contractors, students, and visitors are of utmost priority to Lawrence General Hospital. This policy endorses safe and healthful conditions which reduce illnesses to the lowest possible level and emphasizes compliance with CDC guidelines for maintaining a healthy work environment. This policy applies to employees, volunteers, contractors and students of Lawrence General Hospital and its affiliates. All Lawrence General Hospital employees, volunteers, contractors and students have individual responsibilities to take reasonable care for their own health and safety and for that of others who might be affected by their acts or omissions.

Policy:
The hospital endeavors to provide information, training, and safeguards to help hospital employees take the proper steps to avoid contracting and spreading illnesses and infections in the workplace.

Procedure:
The following is a non-inclusive list of guidelines employees, volunteers, contractors and students are expected to follow in an effort to take every precaution to maintain a healthy environment for all who frequent the hospital and its affiliates.

1. **Regularly assess and monitor for symptoms of illness.**
   a) Prior to coming to the workplace, all employees should self-evaluate for symptoms of illness.
   b) If you have any of the following symptoms, including but not limited to those below, consider calling out ill if not well enough to work and contact your PCP. You can also call Occupational Health at 978–683–4000, extension 2121 for guidance. . Do not come to work until you are well enough to do so and if out of work three or more days, until you have been cleared by Occupational Health.
      - Temperature > 99.5 (F)
      - Symptoms may include, but are not limited to:
      - cough
      - sore throat
      - shortness of breath
      - body aches
      - runny nose or congestion
      - vomiting
      - loss of taste or smell, etc.
   c) Utilize the LGH COVID employee resources to include “COVID-19 Testing Process Instructions” and the “Exposure Self-Assessment Algorithm” when concerned about symptoms or exposure to COVID-19.

1. **Wash hands properly and frequently**
   a) Hand wash often with soap and water for at least 20 seconds and/or use hand sanitizer that contains at least 60% alcohol. This is especially important after being in public places, or after blowing your nose, coughing, or sneezing.
   b) Avoid touching eyes, nose, and mouth with unwashed hands.

1. **Avoid close contact (social distancing)**
   a) Practice social distancing whenever possible.
   b) Replace handshakes with head nods and waves.
   c) Avoid using/sharing coworkers’ office space and equipment when possible.

1. **Wear a face mask when around others.**
   a) Face masks that cover your mouth and nose should be worn when you are experiencing upper respiratory symptoms of concern (runny nose, cough, frequent sneezing).
   b) COVID 19: upon return to work after testing positive for COVID 19, mask wearing is required through day 10 post test.
   c) During cold/Flu season if you are not vaccinated against the Flu or COVID
   d) When requested to do so by a patient or family member.
2. **Cover coughs and sneezes**
   a) Cover your mouth and nose with a tissue when coughing or sneezing or use the inside of your elbow.
   b) Throw used tissues in the trash.
   c) Immediately wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean hands with a hand sanitizer that contains at least 60% alcohol.
3. **Keep work areas clean.**
   a) Use proper cleaning products and follow cleaning product instructions when cleaning work areas.
   b) Clean and disinfect frequently touched surfaces daily to include tables, doorknobs, light switches, counter tops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
   c) Clean surfaces that are dirty**.** Use detergent or soap and water prior to disinfecting with a disinfectant cleaning product.
4. **Employees should speak with their manager and/or Occupational Health if they have concerns regarding specific, health circumstances.**
5. **Follow hospital policies concerning health and safety requirements.**
   a) Ensure you are aware of and understand hospital policies concerning health and safety requirements and recommendations. If you are uncertain about these requirements and/or recommendations, contact your manager.

The following is a non-inclusive list of strategies hospital leaders shall consider when configuring and maintaining work areas, in order to promote health and safety:

1. **Configure workspaces appropriately.**
   a) If able and appropriate, arrange workspaces to allow for 6 feet of physical distancing; consider physical partitions to separate workstations to follow social distancing recommendations.
   b) Minimize the use of confined spaces with others.
   c) Ensure ventilation of enclosed spaces whenever possible.
   d) Post visible signage throughout the unit/office to remind employees of safety and hygiene protocols.
2. **Maintain clean work areas.**
   a. Provide adequate cleaning products.
   b. Provide adequate soap and water, hand sanitizer where applicable.
   c. Provide face coverings and other PPE applicable to the position; provide training and promote proper usage.
   d. Require employees to keep individual office spaces clean as indicated above, at the start and end of every shift.
   e. Ensure regular cleaning of work areas, to include off site locations.

The following is a non-inclusive list of strategies hospital leaders shall consider in order to promote health and safety:

1. **Promote ongoing health and well being.**
   a. Provide regular training and education to staff regarding policies and processes that focus on safety, health and wellness and processes for proper health and safety reporting.
   b. Regularly evaluate work sites to ensure compliance with health and safety guidelines.
   c. Provide information regarding the Employee Assistance Program and/or Chaplain services as needed.
   d. Lawrence General Hospital has an established, wellness committee, which assists employees and their families with improving their health and engaging in preventive measures. Encourage participation in the various wellness initiatives offered by this committee.

references: www.cdc.gov, www.shrm.org

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Health Screening

HEALTH AND WELLNESS MEASURES IN THE WORKPLACE

I have read and been informed about the content, requirements, and expectations of the Health and Wellness Measures in the Workplace policy for employees, volunteers, students and contractors at Lawrence General Hospital. I have received a copy of the policy and agree to abide by the requirements outlined in the policy.

I understand that if I have questions, at any time, regarding the Health and Wellness Measures in the Workplace policy, I will consult with my immediate supervisor or Human Resources (x2602)

Please read the Wellness Measures in the Workplace policy carefully to ensure that you understand the policy before signing this document.

_____	_____	_____
Signature	(Print your name)	Date

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

_____	_____	_____
Parent / Guardian Signature	(Print your name)	Date

Please include this page in your packet

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Confidentiality Agreement

It is your responsibility to ensure privacy is not breached:

- Do not leave patient information on **computer** screens and walk away. Always make sure you have removed any identifying patient information.
- Computer ***passwords*** must not be shared.
- Do not discuss patients in any public area, the hallways, elevators, and cafeteria or outside the hospital. You never know who is listening.
- Make sure to keep your voice down when discussing patient sensitive information at the nursing station and/or in the patient's room.
- Keep patient sensitive information turned face down in the work area.
- ***NEVER*** dispose of patient information in any trash container or recycling bin.
- Using cell phone cameras to photograph patients or their patient information is ***strictly prohibited***, as is posting those pictures on social media sites such as Facebook or Twitter.
- You may see family, relatives or friends. You may also be asked by someone to find out the status of a patient. However, you must not discuss any patient information outside of the hospital. Violations of confidentiality may result in you losing your volunteer position and may also result in liability to you personally.

*In signing this statement of confidentiality, I agree to support Lawrence General Hospital's strong tradition of protecting the privacy of our patients.

_____	_____	_____
Volunteer Signature	(Print your name)	Date

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

_____	_____	_____
Signature	(Print your name)	Date

Please include this page in your packet

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Parental / Guardian Agreement

Commitment Agreement for the 2024 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 24 and ends Friday, June 28, 2024.
- 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 volunteer orientation **Wednesday, June 12, 2024,** 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: _____

Mail packet to:

Brenda LeBlanc, Program Manager, Volunteer Services
Lawrence General Hospital
1 General Street
Lawrence, MA 01841

Please include this page in your packet