

Application for Job Shadowing

First Name _____

Last Name _____

Email _____

Phone _____

Current Address _____

Permanent Address (If different from current)

Are you an Excelsa Health Employee? (circle) Yes / No

Are you currently attending school? (If Yes, answer the following four School questions) Yes / No

School: Name _____

School: Faculty Advisor Name _____

School: Faculty Advisor Email _____

School: Current Grade Level _____

Requested Departments to Shadow (Please describe below)

Excela Health Location: First Choice _____

Excela Health Location: Second Choice _____

Please describe your career goals

Available Dates

Agreed to Terms (Including proof of COVID-19 vaccination) Yes / No