

Job Shadow Application

Please complete this application for consideration and return by email with a CV/resume to whitney.paolino@tananachiefs.org. Due to high demand, incomplete applications will not be processed.

SECTION I: APPLICANT INFORMATION

Full Name (first, middle and last): _____			
Preferred name: _____	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy): _____			
Mailing Address: _____			
Physical Address (if different from mailing): _____			
Phone (primary): _____		Phone (secondary): _____	
Email: _____			
How would you prefer TCC communicate with you:		<input type="checkbox"/> Email	<input type="checkbox"/> Phone call/message
Ethnicity (select all that apply):			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Alaska Native	<input type="checkbox"/> African/American	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other _____
Emergency Contact Name: _____		Emergency Contact Phone: _____	
Emergency Contact relationship: _____			

SECTION II

Are you a current or former TCC employee? _____
How did you hear about us? _____
Are you from Alaska, or do you have any ties to an Alaska community? _____

Why are you interested in rotation/shadowing at TCC? _____

SECTION III

The Alaska AHEC Program's funding agency (HRSA) requires that we collect the following demographic information:

Would you consider your background to be educationally disadvantaged?* _____

Would you consider your background to be economically disadvantaged?** _____

What is your veteran status? _____

Birthplace or Childhood Residence: _____

*"Educationally disadvantaged" individual comes from an environment that has inhibited the individual from obtaining knowledge, skills and abilities required to enroll or graduate from a health professional training school. Examples include attending a small rural high school or being the first in your family to attend college.

**"Economically disadvantaged" individual comes from a family with an annual income considered low income by the federal government. Examples include those who qualify for low-cost or free school lunches.

SECTION IV: APPLICANT EDUCATION INFORMATION

Current High School/University: _____

City and State: _____

If Applicable:

Major: _____ Degree Type or intended: _____

At time of you job shadow, indicate your class standing (freshman, undergraduate/graduate year, etc.):

Anticipated month and year of graduation: _____

If Applicable:

School Coordinator Name: _____ Phone: _____

Email: _____

SECTION VI: JOB SHADOW INFORMATION

Desired date(s) (mm/dd/yyyy) and days of week: _____

Number of hours requested: _____

Any additional information to assist our coordinators in the review of your request? _____

Please select discipline(s) needed for rotation:

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical (MD/DO) | <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Nursing | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Dental | <input type="checkbox"/> Dietetics |
| <input type="checkbox"/> Health Administration | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> WIC | <input type="checkbox"/> Women's Health/OBGYN |
| <input type="checkbox"/> Urgent Care | <input type="checkbox"/> Other: _____ | |

In order to ensure this is a meaningful experience for yourself and our staff, please thoughtfully complete the following to get the most out of this educational experience:

List specific goals you have (ie. daily duties, patient interaction, procedures, diagnosing, school advice, pro and con, etc.) and how it will be beneficial to you: _____

List specific questions you have: _____

Any additional comments/questions: _____

SECTION VIII

Have you ever been charged or convicted of a felony, misdemeanor or offense other than a minor traffic violation? ☐Yes ☐No

If yes, please explain: _____

Do you have a valid Alaska Driver's License? ☐Yes ☐No Number: _____

SECTION IX

Please read the following carefully and initial each paragraph:

☐ I understand that there is no compensation for shadowing/interning at Tanana Chiefs Conference (TCC).

☐ I hereby authorize TCC to thoroughly investigate my education, criminal record and other matters related to my suitability for shadowing or interning at TCC. I hereby release TCC and all other persons or entities from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

☐ I understand that nothing contained in the application or conveyed to me during any interview that may be granted is intended an employment contract, implied or explicit, between me and TCC.

☐ I understand that as a shadow or intern I would not be entitled to any pay, compensation or benefits.

☐ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for shadowing or interning and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this application. I understand that my omission or misstatement on this application or on any documents used to secure shadowing or interning shall be grounds for rejection of this application or for immediate discharge, regardless of the time elapsed before discovery. Non-disclosure of criminal record could result in possible denial of shadow or student intern status. My signature below certifies that I have read and understand this complete page and agree to the terms and conditions outlined in this document.

 Printed Name

 Signature

 Date

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