



Extraordinary care for every generation.

Covenant HealthCare Job Shadow & Internship Application

Today's Date _____ Full Name _____
 Preferred Phone Number _____ Birthdate _____
 Street Address _____
 City _____ State _____ Zip _____
 Current School or Employer _____
 Job/Area of Interest _____
 Which program are you applying for? Job Shadow Internship

Emergency Contact Information

Name _____
 Relationship _____ Phone Number _____

Availability for Job Shadow Experience

Days Available Monday Tuesday Wednesday Thursday Friday
 Times Available _____
 Reason for Job Shadow Experience _____
If someone referred you to apply, please provide their name _____

Availability for Internship Experience

Days Available Monday Tuesday Wednesday Thursday Friday
 Times Available _____
 College/University Name _____
 Major _____ Start Date _____ End Date _____
 Is this internship for academic credit? Yes No
If someone referred you to apply, please provide their name _____

Parental Consent for Minors (<18 years)

My son/daughter _____ has my permission to participate in the Covenant HealthCare Job Shadow / Internship Program. I understand that my child may be exposed to confidential information and that Covenant HealthCare policies and procedures must be followed regarding patient confidentiality. Violation of these policies and procedures regarding patient confidentiality can include removal from the Job Shadow / Internship Program and up to legal action per privacy regulations.

Parent/Guardian Signature _____
 Phone Number _____ Date _____

To apply for the Covenant HealthCare Job Shadow and/or Internship Program, please complete this form and email it, along with your health screening documentation, to pathways@chs-mi.com. For any questions, contact 989.583.4678.



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Job Shadow & Internship Program Health Screening

Health Related Requirements	Vaccine Documentation	Notes
TB Screening <input type="checkbox"/> Proof of a negative TB test within the past year OR complete the screening below		
Anyone who is currently symptomatic (“Yes” answers to items A-F) may not job shadow until symptom free and cleared by their physician.		
In the past year, have you had: A) Unaccountable weight loss <input type="checkbox"/> Yes <input type="checkbox"/> No B) Onset of chronic cough <input type="checkbox"/> Yes <input type="checkbox"/> No C) Coughing up blood <input type="checkbox"/> Yes <input type="checkbox"/> No D) Chest pain on breathing <input type="checkbox"/> Yes <input type="checkbox"/> No E) Night sweats <input type="checkbox"/> Yes <input type="checkbox"/> No F) Unaccountable fever <input type="checkbox"/> Yes <input type="checkbox"/> No G) A chest x-ray <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, detail when and why you had the x-ray in the “Notes” column</i>		
Rubeola and Rubella (if born in or after 1957) <input type="checkbox"/> 2 MMRs on or after first birthday (documentation of specific dates required), OR <input type="checkbox"/> Lab titer showing immunity to Rubeola & Rubella	Please send documentation	
Chicken Pox (Varicella) <input type="checkbox"/> History of having had the disease, OR <input type="checkbox"/> Lab titer showing immunity, OR <input type="checkbox"/> Documentation of 2 VARIVAX® vaccinations	Please send documentation	
Influenza Vaccine – You must provide proof of having received this season’s influenza vaccine for job shadows / internships to be scheduled between October 1 – April 30 (end date may vary)	Please send documentation	
Tdap vaccine – proof of the Tdap vaccine	Please send documentation	

For patient safety, we must verify MMR and Varicella vaccinations. Influenza vaccination, though optional, would require wearing a mask November through April if not validated.

Applicants have two options for providing immunization records:

- 1) **Send a copy of their MCIR immunization record** with your application.
- 2) **Request support accessing your MCIR record**—email us your request for support or with your permission to access your MCIR records (parental permission is required for applicants under 18).

I verify that the information provided is accurate and hard copy documentation of items listed are on file and available upon request.

Signature & Title of person completing this form

Date

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Covenant HealthCare Job Shadow & Internship Program

Are you interested in a career in healthcare? The Job Shadow and Internship Programs at Covenant HealthCare offer a unique, behind-the-scenes look at the work of medical professionals, helping you gain firsthand insight into various roles in the field.

Within the Job Shadow program, you'll have the opportunity to observe one of our dedicated team members for a few hours, typically 2-4, and see what a day in their role looks like. This experience aims to guide your career exploration by providing real-life exposure to healthcare environments and responsibilities. This program is observational only; Active participation in clinical care or skill practice is not permitted.

Within the Internship program, you'll have an immersive, hands-on learning opportunity with our dedicated team members for weeks or months. May involve project work, supervised tasks, or administrative support, depending on the role.

Eligibility and Application Process

Job Shadow Age Requirement: Participants must generally be at least 16 years old. High school students must have the consent portion of the application signed by a parent or guardian.

Internship Eligibility: May require college enrollment, relevant coursework, or department-specific qualifications.

Approval and Scheduling: All applications are reviewed individually, and approval depends on department needs and availability. Some requests may take 6-8 weeks to coordinate, depending on staffing and patient consideration.

Types of Programs Available

Nursing: Observe the vital role nurses play in patient care and care coordination.

Non-Nursing: Explore non-clinical support roles that keep healthcare operations running smoothly.

Requirements

To ensure the safety of all, job shadow and internship participants must:

- Complete a health screening form, including verification of Tuberculosis (TB), and a seasonal flu vaccine.
- Be in good health at the time of the shadowing / internship experience.

Dress Code and Conduct

Attire: Wear closed-toe, comfortable shoes and professional attire (e.g., slacks and a plain shirt with no slogans). Avoid wearing fragrances for the comfort of patients and staff.

Confidentiality: Covenant HealthCare takes patient privacy seriously. You will be required to sign a confidentiality agreement before participating in the program, agreeing to maintain the privacy of all patient information observed.

Safety and Hazard Information

While observing, please be aware that certain areas use potentially hazardous materials in daily operations. These are managed according to safety standards, with instructions available online and upon request.

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Covenant HealthCare Job Shadow & Internship Confidentiality Agreement

As a participant in the Covenant HealthCare Job Shadow / Internship Program, I understand that I may have access to sensitive and confidential information about patients, staff, and operations. I agree to the following to uphold the commitment to privacy at Covenant:

Purpose of Agreement

This agreement ensures that all information I encounter during my job shadowing experience is treated with the utmost confidentiality. I understand that this responsibility is critical to patient privacy and HIPAA rules.

Definition of Confidential Information

Confidential information includes, but is not limited to:

- Patient information such as medical records, diagnoses, treatment plans, and test results
- Covenant HealthCare internal policies, procedures, and operational strategies
- Any other information observed or provided to me during my experience at Covenant HealthCare

Confidentiality Obligations

Non-Disclosure: I agree not to share any confidential information with anyone outside of Covenant HealthCare or with unauthorized persons within the organization. This confidentiality applies indefinitely, even after my experience concludes.

Proper Use: I agree that any information I encounter will only be used for the intended purpose of my job shadow experience and not for any personal or outside purposes.

Protection of Information: I will take reasonable precautions to ensure that confidential information is not disclosed or misused.

Return of Materials

I agree to return any documents, notes, or materials provided during my shadowing experience to Covenant HealthCare upon request or at the end of my participation.

Reporting Concerns

I understand that if I become aware of any breaches of confidentiality, I am responsible for reporting these concerns to the designated privacy official at Covenant HealthCare.

Participant's Acknowledgement

ACKNOWLEDGED AND AGREED TO BY:

Participant's Signature _____

Participant's Full Name _____ Date _____