

# Volunteer Services | Career Exploration Job Shadow Form Packet

## ✓ Job Shadow Agreement

I \_\_\_\_\_, agree to adhere to the following rules:

- I am 14 years old or older & I will arrive promptly for this educational experience.
- I understand this is an observation experience and will not engage in tasks for trained health professionals.
- I will respect the patients' rights to refuse to have observers present.
- I will treat everyone with respect and dignity, regardless of age, gender, race, ethnicity, origin, religion, disability, or sexual orientation while being professional and courteous.
- I will maintain strict confidentiality and privacy about patient information.
- I will contact Volunteer Services if I am ill on the day of my shadow, I am running late, or need to cancel my experience. (503-814-1792). I understand that an *unexcused absence* will result in no program participation.
- I will ensure patient safety by abiding by Salem Health's hand washing guidelines.
- I will report concerns about patient safety to the assigned health care provider who is being shadowed.
- I will not initiate or accept patients' invitations to engage in social or social media relationships.
- I will abide by the personal appearance standard, or I will be sent home.
- I will not abuse drugs or alcohol.
- I will adhere to hospital and hospital's medical staff policies, procedures and written expectations at all times.
- I will turn in my job shadow badge and evaluations once I have completed my observation.
- I will come prepared with questions and a positive attitude.
- I understand that I hereby release Salem Health, the physicians, and its employees from any claims or liability, physical injury and/or damage including emotional distress, injury, or mental anguish that may be sustained by me or the patient due to my presence in the hospital.
- I understand that I may be required to wear a masks and other PPE while volunteering at the hospital, and despite diligent hygiene measures and compliance with the regulations, the hospital cannot guarantee that infectious transmissions (i.e. COVID-19) will not occur.

## ✓ Consent Form

- I consent that myself or son/daughter, \_\_\_\_\_, has my permission to participate in Salem Health's Career Exploration and Volunteer Services Programs. As the parent/guardian of the above-named student, I will read the literature that has been provided so that I know what will be expected. If the above-named participant is over 18, they may complete this form as the adult.
- I understand my child may be required to have a Tuberculin skin test prior to beginning his or her hospital experience and I give my permission for my child to have this test performed by Salem Health's Occupational Medicine Department. I understand that my child may be required to wear a masks and other PPE while volunteering at the hospital, and despite diligent hygiene measures and compliance with the regulations, the hospital cannot guarantee that infectious transmissions (i.e. COVID-19) will not occur.
- Participation in these programs will include observing patients and healthcare professionals in a hospital setting and observing medical, laboratory, and/or business procedures. I do hereby release Salem Health and its staff and sponsors from any responsibilities of injury or accident as a result of the Career Exploration and Volunteer Services Programs. Any medical expenses incurred as a result of injury or accident will be my responsibility.
- I understand that, in case of a medical event, every attempt will be made to contact the emergency contact person for the above-named participant. If indicated, we will send the observer to the Emergency Department for evaluation of the medical event. This document is my consent as a parent, guardian, or participant for medical treatment and/or procedure necessary for my dependent or myself by the professional staff at Salem Health.
- I understand that any experience I have at Salem Health must be approved through Volunteer Services. As stated earlier, I will submit my observer badge at the end of my experience to the Volunteer Services office.

I have read, understand, and agree to abide by the Job Shadow Agreement and provide consent to participate

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name (if under 18)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Day and Evening Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Relation

\_\_\_\_\_  
Phone Number

## ✓ Personal Appearance & Hygiene Standard

The personal appearance of participants of Volunteer Services & Career Exploration programs at Salem Health is important to the impression that our patients, their families, visitors and other customers have about each of us and of Salem Health. Our program participants will dress with taste and discretion to convey a clean, well-groomed, professional appearance.

<b>Hair &amp; Personal Hygiene</b>	<ul style="list-style-type: none"><li>•Volunteers must maintain clean personal hygiene. Considerations should be used in the application of personal care products to be unscented or fragrance-free whenever possible. Perfumes, colognes, after shaves, and other heavily scented/fragranced personal care products are not permitted.</li><li>•Grooming is essential for the overall professional appearance of all workforce members. In a healthcare environment, including all clinical and non-clinical areas, it is important for workforce members to be clean and well groomed.</li><li>•Hair must be clean, neatly trimmed, and contained in such a manner that it does not come in contact with patients. Hairstyles, hair color, and cosmetics should project a professional image.</li></ul>
<b>Jewelry</b>	<ul style="list-style-type: none"><li>•Jewelry should be small and simple.</li></ul>
<b>Fingernails</b>	<ul style="list-style-type: none"><li>• Clean, trimmed to a length that will not interfere with participation.</li><li>• Nail polish un-chipped and freshly applied.</li><li>• Adornments limited.</li></ul>
<b>Fragrance</b>	<ul style="list-style-type: none"><li>• All personal care products must be unscented or fragrance-free.</li></ul>
<b>Tattoos</b>	<ul style="list-style-type: none"><li>•Any visible tattoo that includes the following is unacceptable: gang-related images or language; prison/crime/drug-related tattoos; offensive/profane language; images depicting any type of nudity or sexual images; images showing any type of intolerance, racism, hate, or bigotry; tattoos with “dark” images related to death or pain (e.g., skulls or demons); or anything that, in the judgment of management, is considered to be offensive to others.</li></ul>
<b>Clothing</b>	<ul style="list-style-type: none"><li>•Clothing and attire must be clean, neat, and in good condition. Tops should not be overly tight, revealing, or contain any large logos. Bottoms (no jeans or leggings, etc.) must be past the level of your knee, free of rips/holes or obvious stains, and opaque. Scrubs, sweatpants/shirts, shorts, and pajamas are not permitted.</li></ul>
<b>Face Mask</b>	<ul style="list-style-type: none"><li>•A hospital-issued face mask must be worn securely over the mouth and nose at all times while on campus.</li></ul>
<b>Shoes</b>	<ul style="list-style-type: none"><li>• Shoes must be closed-toe.</li></ul>

## ✓ Consent to Photograph or Interview

As requested by Salem Health or a member of the media, I consent to and authorize photographs or videotape recordings to be taken. This Media Authorization form allows Salem Health to capture photos, video and/or audio recordings of any employee/volunteer/observer to be used in any promotional, informational or recruiting publications and grants permission to Salem Health to use this information for stories, press releases, or any other written materials.

## ✓ Fainting Disclaimer

- I understand that I will be job shadowing in a healthcare setting and might experience sights, sounds and smells that I am not used to and might faint.
- If I do faint I understand that my job shadow experience will end and I will need to be examined by the Salem Health Emergency Department.
- I understand that any medical expenses incurred as a result of fainting will be my responsibility.
- I understand that Volunteer Services staff is not required to re-schedule my job shadow experience.
- I understand that if I faint my parent/guardian will be required to pick me up from Salem Health.

I have read the above Personal Appearance & Hygiene standard, the consent to photograph, & fainting disclaimer. I understand it, and I agree to comply.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name (if under 18)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Salem Health

## EMPLOYEE, AGENCY, VOLUNTEER OR OTHER NON-EMPLOYEE PERSONNEL CONFIDENTIALITY STATEMENT

Confidentiality means protecting a patient's privacy and sharing hospital business only with those who have a need to know. The "need to know" is defined as the need to have information to perform one's job. Confidential patient information includes, but is not limited to, a patient's presence, medical, financial, quality assurance/ quality improvement/performance improvement, and risk management data. I agree to maintain absolute confidentiality of all Salem Health information, unless disclosure is required for legal compliance. This expectation pertains to patient, physician and employee information, as well as my own personal medical records and those of my family members, (including children, parents, spouses, siblings), and other non-workforce or business arrangement information.

I understand that this means that I will not discuss confidential patient information with others or access information, including on-line, unless it is required in the performance of my job duties or for legal compliance, is the minimum necessary, and is as identified in the level indicator that is associated with my job.

I further agree that if I require computer access, the user ID and password that are issued to me are my means of accessing the computer system. It is to be used solely in connection with the performance of my authorized job functions. I will take all necessary steps to prevent anyone from gaining knowledge of my login ID and password, and I will not use anyone else's login ID and password. The use of these unique codes by anyone other than the person to whom they have been assigned is prohibited, and will be reported to my supervisor if detected. I will sign off each time I leave the terminal, to ensure the security of my password and the information. I agree that when it is necessary, as part of my job duties or work assignment, for me to discuss patient information with other employees, I will be certain the conversation is in a private area. I understand that I may not access my personal lab results, physician-dictated reports, xray reports; in short, anything in my personal medical record is considered Protected Health Information (PHI). If I desire access to my medical record, I will sign an authorization form available in the HIM department and get such records from them. I further understand that I may not access my family members', (including children, parents, spouses, siblings), medical records, and that these are also considered PHI.

I agree to not use my Salem Health email for matters not associated with Salem Health or in any matters representing my personal, political, social, spiritual or moral views.

Any breach of confidentiality is grounds for immediate withdrawal of onsite privileges, termination of my service and/or indemnification afforded me by Salem Health, or corrective action, up to and including termination of my employment/services.

I attest that I am not on the Office of Inspector General (OIG) Excluded Individuals/Entities (LEIE) list. Should I ever appear on the OIG exclusion list, I will immediately notify my direct supervisor and the Corporate Integrity Department.

I have read the above confidentiality statement of policy. I understand it, and I agree to comply.

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Type of Affiliation (Non-Hospital Employee Only)

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Employee's or Non-Hospital Employee's Printed Name, and Job Title

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Employee's or Non-Hospital Employee's Signature

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Date

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Parent or Guardian Signature (if under 18)

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Date