

## 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)

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**Excela Health Location: First Choice** \_\_\_\_\_

**Excela Health Location: Second Choice** \_\_\_\_\_

**Please describe your career goals**

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**Available Dates**

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