



The Official Healthcare Champion of Volusia County Schools

### Student Application (Shadowing and Internship Programs)

Application for:  Shadowing Program  Internship Program

#### Applicant Information

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Student Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

High School Name: \_\_\_\_\_ Academy Name: \_\_\_\_\_

Academy Point of Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Areas of Educational Interest for Internship or Shadowing

<i>Example: Orthopedic Surgery</i>
1.
2.
3.

#### Availability

Day of The Week	Hours
<i>Example: Mondays</i>	<i>2pm – 5pm</i>

## Confidentiality Statement

I wish to participate in the non-paid internship program that will provide me with the opportunity to follow AdventHealth personnel as they perform their daily work activities. I understand that I have access to highly confidential information that is protected by state and federal law. This includes verbal, written, and electronic information. I agree not to disclose information related to patients, or otherwise, during my time in the hospital.

I understand that failure to keep information confidential may result in fines and/or legal action for the hospital and dismissal from future clinical experiences at AdventHealth.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Requirements

- Orientation Class Completed
- Internship Orientation Handbook reviewed and signed
- Proof of negative PPD / negative chest x-ray received
- Proof of flu shot (if in a patient care area)

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## Internship Orientation

I understand and agree that I have reviewed the Internship Orientation Handbook containing information on the following items:

- Diversity and Cultural Sensitivity
- Professionalism and Dress Code
- Risk Management and Patient Incidents
- Patient Rights / Confidentiality / HIPAA
- Safety and Security
- Utilities Management / Equipment Management / Body Mechanics
- Emergency Codes / Fire Safety / Emergency Preparedness
- Infection Control Tips / Handwashing
- Isolation Precautions / Blood/Body Fluid Exposure
- Summary of Waste Streams

Student Signature: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academy Point of Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AdventHealth Educational Liaison Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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