

FORT DRUM REGIONAL HEALTH PLANNING ORGANIZATION  
REGIONAL RECRUITMENT PROJECT

**HIGH SCHOOL JOB SHADOW PROGRAM DESCRIPTION**

**Purpose:**

The Fort Drum Regional Health Planning Organization (FDRHPO) understands that hands-on and observational experiences in a healthcare setting are crucial aspects of developing an effective healthcare workforce in the Fort Drum Region; a 40 mile radius of Fort Drum to include; Jefferson, Lewis and southern St. Lawrence Counties. It is evident that job shadowing is a beneficial situation for everyone involved: students, educators and employers. Each participant involved gains unique benefits from the experience:

*For Students:*

- Helps students identify their areas of interest
- Exposes students to various career possibilities in the healthcare industry
- Allows the students to learn observe and develop relationships with healthcare professionals

*For Educators:*

- Assists in motivating students to learn the math and science fields
- Provides an in-class resource for other students who may also have the same field of interest

*For Employers:*

- Promotes long-term mentoring relationships
- Helps prepare the future workforce

**Program Description:**

A student in the Job Shadow Program, will spend **30 hours** observing in a healthcare facility and will meet with the FDRHPO Workforce Outreach Coordinator on a weekly basis. The student will complete the following assignments to help them prepare for their education and career goals: Job Skills Training, journal entries, resume and references, mock interview, cover letter, summary report, college research, etc. Applicants selected for participation must agree to complete all supplemental assignments in addition to their hours at their designated site. This supplemental work will be assigned, collected and reviewed by the FDRHPO Workforce Outreach Coordinator weekly.

**Application Process:**

To apply for the Job Shadow Program, students must submit a completed application to the FDRHPO office by fax, mail or online at the FDRHPO website: **[www.fdrhpo.org](http://www.fdrhpo.org)**. All applications will be reviewed and ranked based on the quality of their application including the School Counselor Referral and Ranking Form and the availability of placement sites for their field of interest. FDRHPO works to ensure that all students have the opportunity to participate; however, due to limited capacity for placements in the community, students are encouraged to seek other volunteer opportunities while they are waiting to be a part of FDRHPO's program. For a list of facility contact information, please see the FDRHPO website.

**In order to be eligible for the program, the applicant must:**

- The applicant must be a high school student in Jefferson, Lewis or Southern St. Lawrence County
- The applicant must provide evidence of being in good academic standing
- The applicant must be in high school (grades 9-12)

**\*\*Once accepted into the Job Shadow program, all students will need the following:**

- A copy of an up-to-date immunization record
- Proof of a health physical (within the past year)
- Proof of a Tuberculosis/ppd Skin Test and results (within the past year)
- Documentation of any allergies
- Health Insurance Portability and Accountability Act (HIPAA) Training & Orientation

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**HIGH SCHOOL JOB SHADOW PROGRAM APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
School Name: \_\_\_\_\_ Age: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Which season would you be available to participate in the Job Shadow program? (You may choose more than one, but please take into consideration your involvement with extracurricular activities.)

\_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall

Please document specific availability for shadowing (school breaks, days, times, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What healthcare fields are you interested in? (Please list your top 3 preferences)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have a specific placement site in mind? (Please list your top 3 preferences)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_

Do you have transportation to and from placement site? (program requirement): \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have previous experience in the healthcare field? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please document all previous healthcare experience by identifying the location, date and nature of the experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attended a FDRHPO Job Skills Training? \_\_\_ Yes \_\_\_ No If yes, what was the date of your attendance? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Short Answer Questions:** As part of the application process, students are required to complete the following short answer questions by writing or typing responses on an additional piece of paper and attaching it to this application.

1. Please explain why you think you would be a good choice for the Job Shadow Program.
2. Please expand on your future educational and career aspirations or goals.
3. Please provide a brief description about your involvement in school or community extracurricular activities.

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**I certify that the information contained in this application is true and complete to the best of knowledge.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Please have your parent/guardian sign below, acknowledging your interest in participating in program.**

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**Please direct any questions and a completed application to:**

Fort Drum Regional Health Planning Organization  
Workforce Outreach Coordinator  
120 Washington Street, Suite 230  
Watertown, NY 13601  
(315) 755-2020 (office)  
(315) 755-2022 (fax)  
[www.fdrhpo.org](http://www.fdrhpo.org)

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**Job Shadow School Counselor Rating and Reference Form**

Form must be completed and signed by student's School Counselor.

**Student Name:** \_\_\_\_\_

**Please verify that the student meets the following information:**

1. Student is in grades 9-12 <sup>th</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Student has a good attendance record	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Student has a GPA of 75 or above	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Please rate the student on a scale of 1-5 on the following characteristics:**  
(1 being the lowest; 5 being the highest)

4. Student interacts and communicates appropriately with students and adults	
5. Student is an active leader in the school and local community	
6. Student exhibits ability to stay engaged for extended periods of time	
7. Student shows an eagerness to learn and develop new skills	
8. Student has the maturity level to participate in a professional setting	
9. Student has expressed interest in the healthcare field	
10. I would recommend this student to participate in the Job Shadow Program	

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Counselor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_

**Form should be submitted with application by mail in a sealed envelope, faxed with application or emailed to:**

Fort Drum Regional Health Planning Organization  
Workforce Outreach Coordinator  
120 Washington Street, Suite 230  
Watertown, NY 13601  
(315) 755-2020 (office)  
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