

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 **16-24 hours** observing in a healthcare facility. As part of the 16- to 24- hour shadowing experience, students will observe daily responsibilities and work environments of specific healthcare roles of interest. Job shadowing enables students to identify their passions and provides opportunities to network and develop relationships with local healthcare professionals who can help make a positive impact on future career decisions. One of the greatest advantages of job shadowing is that it helps define a pathway toward career goals and provides a real-time, real-life experience placing students “in the shoes” of a healthcare professional.

**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 need to be accompanied by the School Counselor Referral and Ranking Form. After submission, the FDRHPO Workforce Outreach Manager will review the application, coordinate placements, and be the point of contact. Placement of all job shadow opportunities will be based on the availability of the placement sites for the field of interest identified on the application. This is an ongoing program and there is no deadline for applications.

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

- The applicant must be a high school student in Jefferson, Lewis or St. Lawrence County
- The applicant must provide evidence of being in good academic standing
- The applicant must be in grades 10-12

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

- A copy of an up-to-date immunization record - **including proof of COVID vaccination**
- 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
- Any additional site specific paperwork/requirements

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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: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**When would you be available to participate in the Job Shadow program?** *(Please take into consideration your involvement with extracurricular activities or any vacations.)*

\_\_\_\_\_

**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 MASH Camp?** \_\_\_\_\_ 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*

\_\_\_\_\_  
*Print Name of Parent/Guardian*

\_\_\_\_\_  
*Parent/Guardian Email Address*

\_\_\_\_\_  
*Phone Number of Parent/Guardian*

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

Fort Drum Regional Health Planning Organization  
Workforce Outreach Manager  
120 Washington Street, Suite 230  
Watertown, NY 13601  
(315) 755-2020 ext 25 (office)  
(315) 755-2022 (fax)  
workforce@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 10-12 <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 Manager  
120 Washington Street, Suite 230  
Watertown, NY 13601  
(315) 755-2020 ext 25(office)  
(315) 755-2022 (fax)  
workforce@fdrhpo.org