



## Shadowing Student Application

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please specify which type of healthcare professional(s) you would like to shadow:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dental        | <input type="checkbox"/> Family Medicine, DO | <input type="checkbox"/> Family Medicine, MD |
| <input type="checkbox"/> Nursing       | <input type="checkbox"/> Pharmacy            | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Other: _____        |  |

Date you wish to start: \_\_\_\_\_ Hours needing to complete: \_\_\_\_\_

What days/times work for you? (Monday – Friday; Morning (8-12), Afternoon (1-5) or Specific Times):

What days absolutely won't work with your schedule?

What are your objectives of this experience? (Observation, requirement, school project, etc.)

**1) Age Requirement:** All shadow students must be over the age of 16 (18 under must have parent/guardian permission). No student under the age of 18 may shadow in the RiverStone Health Clinic for confidentiality concerns, under 18 may shadow other departments per approval. Birthdate: \_\_\_\_\_

**2) Healthcare Career Aspirations:** What are your healthcare career plans?

**3) What is your previous experience with primary care and care of underserved populations?**

**4) RiverStone Health Connections.** Did anyone from RiverStone Health refer you to our shadowing program?

**5) If you are CURRENTLY enrolled in a school and need hours for a class or course please complete:**

Name of School: \_\_\_\_\_ Year in School: \_\_\_\_\_  
Class/Course: \_\_\_\_\_ Hours Needed: \_\_\_\_\_  
Instructor/Advisor Name: \_\_\_\_\_  
Instructor Email: \_\_\_\_\_

**6) Have you ever been convicted of a felony?** NO  YES

If yes, provide a date and explanation:

**Required for Demographic (Grant) Use Only:**

Gender Identity: \_\_\_\_\_

Age Range (in years): <20  20-29  30-39  40-49  50-59  60+

Ethnicity: Non-Hispanic  Hispanic

Race: \_\_\_\_\_

Hometown: \_\_\_\_\_ Is it Rural? \_\_\_\_\_

1<sup>st</sup> Generation College Student?  Yes  No

*\*Are you the first in your immediate family to attend college?*

*By checking this box, I agree to share my contact information with RiverStone Health Human Resources for future job opportunities.*

I hereby attest that all of the above information is true and complete. I acknowledge that any material misstatements in or omissions from this application may constitute cause for denial of my application for a student experience at RiverStone Health.

\_\_\_\_\_  
Signature of Student *(Typed is acceptable for online forms)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (if student is under 18 years of age)  
*(Typed is acceptable for online forms)*

\_\_\_\_\_  
Date

Thank you for your interest in RiverStone Health!

Nikole Bakko, Outreach Coordinator  
Eastern MT AHEC at RiverStone Health

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