

Howard County Community Hospital and Medical Clinic Job Shadowing Questionnaire

Once this form is completed, it can be emailed to sgraham@hcchmc.org, faxed to 308-754-4429 ATTN: SHAUNA GRAHAM, or mailed to PO Box 406, St. Paul, NE 68873

Name: _____

Grade in School: _____

What area of the medical field are you interested in, and why?

What are your post-high school plans?

I understand that in order to submit this form, I do need to be at least 16 years of age, and have an interest in the medical field.

All applicants will be notified within 2 weeks of submission whether they have been selected to Job Shadow.

Student Name: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(if student is a minor)