

## Visiting Student Application (Shadow/Observation) "Respecting People and Culture"

Last Name	First Name			M.I.	АКА
Address	City			State	Zip
Home Phone/Cell#	Alternate Phone		Email		
Age: DOB:	Sex: □ M □ F	Cultural Bac	kground:		
Emergency Contact Name	Emergency (	Contact Phor	ne#	Relation	
School or College (if applicable):					Grade/Year:
Career/Study of Interest:					
			Date(s) request	ed from	to:
Department of Interest (1): Hobbies/Skills					
					to:
Referred by:			# Hours reques	ted:	
Department of Interest (2):					
<ul> <li>Briefly explain why you would</li> </ul>	like to shadow/observ	e at GRHC			
<ul> <li>Do you have any physical limit</li> </ul>	ations that may limit a	bility to pe	rform duties? _		
<ul> <li>Do you have any physical limit</li> <li>The required documents must be</li> </ul>	-		rform duties? _		
<ul> <li>The required documents must be</li> <li>Copy of CV/Resume</li> <li>Copy of immunization record</li> <li>Background check application</li> <li>Copy of state issued ID</li> </ul>	included with your app	olication:	□ Letter of goo □ Copy of stat		ogram director (if applicable)
The required documents must be <ul> <li>Copy of CV/Resume</li> <li>Copy of immunization record</li> <li>Background check application</li> </ul>	included with your app	plication:	□ Letter of goo □ Copy of stat □ Copy of curr	od standing by pr e license (if appl rent BLS (if appl	ogram director (if applicable)

I certify, the information and statements given in this application are true and complete to the best of my knowledge. I attest that my participation in the GRHC Shadowing Program is voluntary. I agree to adhere to the policies and procedures of GRHC and observe its dedication to providing healthcare to the Gila River Indian Community and Native American communities.

Name	Signature	Date
For official use only:		
Department:	_ Director/Manager Approved:	
Preceptor/Mentor:	_ Dates/hours approved from/to:	