



### **HAMC Job Shadow Information**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Year in School

\_\_\_\_\_  
Position For Job Shadow

\_\_\_\_\_  
Secondary Position (if first is not available)

\_\_\_\_\_  
Preferred Person to follow (Optional)

\_\_\_\_\_  
Secondary Person to follow

\_\_\_\_\_  
Preferred Date

\_\_\_\_\_  
Preferred Time

\_\_\_\_\_  
Secondary Date

\_\_\_\_\_  
Preferred Time

\_\_\_\_\_  
Additional Date

\_\_\_\_\_  
Preferred Time

### **Emergency Contact Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Relationship (Spouse, Parent, Child, etc.)

All applications are to be filled out and emailed to Lauren McClintock at [lmclintock@hamc.com](mailto:lmclintock@hamc.com)