

# College or High School Student Experience Application



This four page application is for a college or high school Student Experience learning session (not a clinical rotation session). Please complete electronically. Incomplete applications will not be considered.

**\*Complete Non-Employed General Orientation for CHI Health link below.**

<https://rise.articulate.com/share/2PoYvUM6hHQwgNgJwEf5DIwXtOkykA4#/>

copy and paste link into Google Chrome Browser

## Student Information

Date:	
First Name:	
Middle Name:	
Last Name:	
Email Address:	
City:	
State:	
Zip Code:	
Cell Phone:	
Gender:	
Date of Birth (mm/dd/yyyy):	
Age:	
Employed at CHI Health?	Yes                  No
Volunteering at CHI Health?	Yes                  No

## College or High School Information

College/University or High School:	
Degree Program Enrolled:	
Grade Level:	
Anticipated Graduation Date:	

Is this Student Experience learning session required by your college or High School?	Yes	No
Is documentation confirming completion of the Student Experience learning session required by your college or High School? **	Yes	No

**Complete the following if documentation is required.		
--------------------------------------------------------	--	--

# College or High School Student Experience Application



College or High School Faculty Name:	
College or High School Faculty Email:	
College Faculty Phone:	

**Student Experience Preferences:**

Name of staff person you would like to shadow (if known):	
-----------------------------------------------------------	--

**Preferred Date & Time** (please allow 10 days for processing application):

Date – 1 <sup>st</sup> choice:		Morning (4hrs)	Afternoon (4hrs)
Date – 2 <sup>nd</sup> choice		Morning (4hrs)	Afternoon (4hrs)
Date – 3 <sup>rd</sup> choice		Morning (4hrs)	Afternoon (4hrs)
Please indicate number of hours needed to complete Student Experience: _____ hours			

**Preferred Location & Departments of Interest (list 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice):**

Location choice: (list 1st, 2nd and 3rd choice below):	
	CHI Health Creighton University Medical Center, Bergan Mercy Omaha, NE Ginger Noel, <a href="mailto:ginger.noel@commonspirit.org">ginger.noel@commonspirit.org</a> Phone: 402-398-6272
	CHI Health Good Samaritan, Kearney, NE Lindsay Zechmann, <a href="mailto:lindsay.zechmann@commonspirit.org">lindsay.zechmann@commonspirit.org</a> Phone: 308-865-7150
	CHI Health Immanuel, Omaha, NE Kimberly White, <a href="mailto:Kimberly.White526@commonspirit.org">Kimberly.White526@commonspirit.org</a> Phone: 402-572-2047
	CHI Health Lakeside ,Omaha, NE Stephanie Harrington, <a href="mailto:stephanie.harrington@commonspirit.org">stephanie.harrington@commonspirit.org</a> Phone: 402-758-5061
	CHI Health Mercy, Corning, IA Lara Crill, <a href="mailto:lara.crill@commonspirit.org">lara.crill@commonspirit.org</a> Phone: 641-322-6285
	CHI Health Mercy, Council Bluffs, IA Andy Raffel, <a href="mailto:andy.raffel@commonspirit.org">andy.raffel@commonspirit.org</a> Phone: 712-328-5196
	CHI Health Midlands, Papillion, NE

College or High School  
Student Experience Application



	Stephanie Harrington, <a href="mailto:stephanie.harrington@commonspirit.org">stephanie.harrington@commonspirit.org</a> Phone: 402-758-5061
	CHI Health Missouri Valley, Missouri Valley, IA Susan Walski, <a href="mailto:susan.walski@commonspirit.org">susan.walski@commonspirit.org</a> Phone: 712-642-9269
	CHI Health Nebraska Heart, Lincoln, NE Tawnya Hansen, <a href="mailto:tawnya.hansen@commonspirit.org">tawnya.hansen@commonspirit.org</a> Phone: 402-219-7111
	CHI Health Plainview, Plainview, NE Diane Blair <a href="mailto:diane.blair@commonspirit.org">diane.blair@commonspirit.org</a> Phone: 402-582-4245
	CHI Health Schuyler, Schuyler, NE Claudia Lanuza <a href="mailto:claudia.lanuza@commonspirit.org">claudia.lanuza@commonspirit.org</a> Phone: 402-352-4075
	CHI Health St. Elizabeth, Lincoln, NE Tawnya Hansen, <a href="mailto:tawnya.hansen@commonspirit.org">tawnya.hansen@commonspirit.org</a> Phone: 402-219-7111
	CHI Health St. Francis, Grand Island, NE Melissa Griffith, <a href="mailto:Melissa.griffith500@commonspirit.org">Melissa.griffith500@commonspirit.org</a> Phone: 308-398-5684
	CHI Health St. Mary's, Nebraska City, NE Donnette Hoyle, <a href="mailto:donnette.hoyle@commonspirit.org">donnette.hoyle@commonspirit.org</a> Phone: 402-873-8902
	CHI Health Clinic – Omaha Metro area (must specify location of the clinic) Spencer Neill, <a href="mailto:spencer.neill@commonspirit.org">spencer.neill@commonspirit.org</a>
	CHI Health Clinic – Lincoln, NE (must specify location of the clinic) Spencer Neill, <a href="mailto:spencer.neill@commonspirit.org">spencer.neill@commonspirit.org</a>
	CHI Health McAuley , Omaha, NE- Spencer Neill, <a href="mailto:spencer.neill@commonspirit.org">spencer.neill@commonspirit.org</a>
	CHI Health Service Center - Omaha, NE Spencer Neill, <a href="mailto:spencer.neill@commonspirit.org">spencer.neill@commonspirit.org</a>

**Participant Agreement:**

As a participant in the CHI Health Student Experience program:

1. I understand the importance of maintaining the privacy of all confidential medical information.
2. I agree to maintain patient confidentiality.
3. I recognize that I may be exposed to potential risks as a result of this activity and will not hold CHI Health liable for any risks as a result of this activity.
4. I will not touch the patients. If I am allowed to observe a patient having a procedure, I understand the director or manager is to obtain the patient's consent first.
5. I will not touch medical equipment.
6. I understand that I do not have medical record or chart access and will not have computer access.
7. I will not assist in feeding but may help deliver food.
8. I will not approach physicians about personal illness or medications.
9. I will dress professionally as outlined in the Dress and Grooming Standards.
10. I am subject to CHI Health drug testing policy. If I object, I will be asked to leave the premises immediately.
11. I understand CHI Health is not held responsible for any accident or injury that may occur on its premises while shadowing.
12. I understand that I am to leave all valuables at home.
13. I understand that any use of a cellular device is prohibited.
14. I will not perform my own personal care in the clinical setting (i.e. applying lip gloss, handling contact lenses, eating or drinking, brushing hair, etc.)
15. I will not be permitted in areas of contamination such as isolation rooms, soiled linen areas, neonatal intensive care, burn unit, behavioral and autopsy room.
16. I understand that I cannot participate in the program on days that I am ill. These include but are not limited to: fever, diarrhea, productive cough, rash, or open wound.
17. I understand that I am required to complete the online General Orientation \*link above to CHI before participating in the student experience.
18. I understand that CHI Health will have the right to immediately terminate my participation in the Student Experience program if it is determined at the manger or supervisor's discretion that I am not acting in the best interest of the patient or facility. In addition, the director or manager holds the right to terminate shadowing at any point if deemed necessary.

**Student Experience Participant Agreement:**

_____	_____	_____
<i>Name</i>	<i>Signature</i>	<i>Date</i>

# College or High School Student Experience Application



## Consent for Emergency Treatment:

In the case of an injury while participating in career exploration activities at CHI Health, I give my consent for CHI Health, its physicians, employees and agents to render emergency and other necessary medical treatment.

I, \_\_\_\_\_ (Name), release CHI Health, its physicians, employees and agents from any costs associated with rendering of treatment to the minor that is necessary in an emergency.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

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

## Parental/Guardian Participation Consent:

If is younger than 19, a parent or guardian's signature is required.

(Name) \_\_\_\_\_ has my permission to participate in the Student Experience offered by CHI Health. I have reviewed the terms of this confidentiality agreement with my child, stressing the importance of maintaining the privacy of all confidential medical information he/she may encounter during the course of his/her Student Experience. I recognize that Student Experience offers a significant benefit to my child in terms of first-hand exposure to potential career opportunities in the medical field. In consideration for this benefit, I agree to hold harmless and indemnify CHI Health from any liability arising from my child's failure to abide by CHI Health's policies concerning the privacy of confidential medical information.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Send completed applications to \_\_\_\_\_

(Insert Location Name and Address)  
Attention: Volunteer Services Coordinator