



1050 Division Street | Mauston, Wisconsin 53948
608-847-6161 | milebluff.com

Healthcare evolving for life

Job Shadow Application

- ☐ Job Shadow – High School
- ☐ Job Shadow – College
- ☐ Shadow – Adult
- ☐ Other _____

Applicant Information

Name (print) _____

Mailing Address _____

City, State, Zip _____

Phone Number _____ E-mail address _____

Emergency Contact

Name _____ Relationship _____

Primary Phone number _____ Secondary Phone Number _____

School Information (If Applicable)

School _____ Year in School _____

Major (be specific) _____

Instructor/Counselor/Advisor _____

Department, area, or person that you are wishing to job shadow

Preferred department/position/specific person to Job Shadow (Please choose top 3 choices):

1. _____

2. _____

3. _____



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Preferred Day and Time to Job Shadow (specific days/hours should be listed here)

1. _____

2. _____

3. _____

Signature

Date

Office Use only – do not write below this line

- ☐ HIPAA Privacy & Security/Release of Wavier of Liability received
- ☐ Scheduled Date/Time & Department _____
- ☐ Name Badge

Return the completed form to:
Mile Bluff Medical Center, HR Department
1050 Division Street
Mauston, WI 53948

Fax number: 608-847-1464
E-mail: humanresources@milebluff.com