

Aultman Health Foundation

Observer Registration

NAME _____

LEVEL OF EDUCATION: _____ DATE OF BIRTH _____

ADDRESS _____

HOME OR WORK PHONE _____

EMAIL ADDRESS _____

SCHOOL AND MAJOR _____

AREA OF INTEREST TO OBSERVE _____

DATE OF REQUEST (MUST BE FROM LIST OF DATES) _____

NOTE: MUST BE COMPLETED PRIOR TO FIRST EXPERIENCE.

1. _____ READ AND SIGN AULTMAN ACKNOWLEDGEMENT FORM
2. _____ READ AND COMPLETE ANNUAL SAFETY FORM AND QUIZ
2. _____ COMPLETE TWO-STEP TB TESTING AND SUBMIT DOCUMENTATION
3. _____ REVIEW DRESS CODE AND CONDUCT STANDARDS
4. _____ SEND IN COMPLETED APPLICATION FORMS

Observers will be notified if they are selected prior to their observational experience date.

COMMENTS _____

Student Signature

Date

Signature of Parent or Guardian if under age of 18

Date