

HIGH SCHOOL CAREER OBSERVATION APPLICATION

Mayo Clinic – HR Workforce Development, Career Awareness

STUDENT APPLICANT

Name			
Last	First	Middle	
Address			
	City	State	Zip
Home/Cell phone		Email	
High School:	Graduation Year	Date of Birth (mm/dd/yy)	

Student confirmation: I completed Career Awareness online compliance training on (mm/dd/yy):

Mayo Foundation is an affirmative action and equal opportunity educator and employer. To assist in Mayo's affirmative action program, applicants have the option to indicate their self-description by checking the appropriate boxes.

Female Male Asian Black Hispanic American Indian or Alaskan Native
Other Pacific Islander White/Non-Hispanic

HIGH SCHOOL OBSERVATIONS

I confirm by signing this document that all above information is true and correct; I am confirming that I have read and agreed to the terms and conditions as mentioned on the website. By signing this form, the student confirms they have reviewed Compliance Training.

High School Student Observation: I acknowledge the 10th-12th grade student *will not* have access to patient information (unless de-identified) AND that the student *will not* have any physical contact with the patient nor observe patient interaction while in the presence of a physician. Viewing of surgeries is not allowed. Nursing Administration does not currently support high school observations.

STUDENT SIGNATURE:

STAFF HOST	First name	Last name
Signature	Email	Work phone

STAFF HOST'S SUPERVISOR	First name	Last name
Signature	Email	Work phone

OBSERVATION DETAILS

Mayo Clinic Site	Building	Floor/Room
Confirmed Observation Date:	Career Title and Area:	

HIGH SCHOOL AND PARENTAL SUPPORT

PARENT/GUARDIAN	First name	Last name
Signature	Email	Phone

HIGH SCHOOL EDUCATOR	First name	Last name
Signature	Email	Work phone

Please contact careerawareness@mayo.edu with any questions prior to signing.