

Once you have read the Orientation packet entirely, please complete the bottom of this form and return to the Volunteer Department.

*As a UPMC Job Shadow Candidate, I understand that I must complete the job shadow application and comply with ALL UPMC Hospital Policies.*

*By signing below, I acknowledge that I have read, reviewed and understand the Job Shadow Orientation packet that was provided to me.*

*All questions/concerns that I had have been answered clearly and I know that ALL UPMC Policies can be found on the INFONET should I need to reference the information.*

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_