

Healthcare Industry ~~Exploration~~~~Job Shadowing and Volunteer~~ Opportunity Survey

The Brevard Healthcare Workforce Consortium Staffing and Education, Training and Technology Committees are requesting your assistance to ascertain the local availability of entry level employment opportunities, occupation~~job~~ shadowing and volunteer opportunities in the healthcare industry or with healthcare educational partners. The Committees greatly appreciate your participation in the following short survey. The responses will be used to develop strategies for increasing exposure to the healthcare work and education environments as well as to the wide array of healthcare occupations. Survey participants will receive a copy of the aggregated responses without organizational identifiers.

1. Does your organization currently offer occupation~~job~~ shadowing opportunities? An occupation shadowing opportunity can be accomplished in an industry or educational setting where an individual can gain an understanding of the healthcare work environment and see demonstrations of the tasks associated with the occupation.
  - a. Yes – Go to Question 2
  - b. No – Go to Question 7
2. Who may participate in an occupation~~job~~ shadow opportunity through your organization (please choose all that apply)?
  - a. Students under the age of 16 enrolled in public or private school in Brevard County
  - b. Students 16 and older enrolled in public or private school in Brevard County
  - c. Students 18 and over enrolled in a healthcare-related course of study at a public or private educational institution in Brevard County
  - d. Career-seekers ~~over the age of 18~~ or older who are interested in pursuing a career in a healthcare occupation
  - e. Job Applicants
  - f. Job Applicants who have received an offer of employment
  - g. Other: Please Explain: \_\_\_\_\_
3. How does your organization promote occupation~~job~~ shadowing opportunities (please choose all that apply)?
  - a. Website
  - b. Written collateral
  - c. Presentations to students
  - d. Information directly provided to job applicants
  - e. Information directly provided to job applicants who have received an offer of employment
  - f. Social Media
  - g. Radio or TV Advertising
  - h. Other: Please Explain \_\_\_\_\_
4. How is an occuaption~~job~~ shadow requested through your organization?
  - a. Website application
  - b. Email
  - c. Telephone call
  - d. Letter
  - e. Other: Please Explain: \_\_\_\_\_
5. How long is the typical occupation~~job~~ shadow? ~~(After answering this question, skip to Question 7)~~
  - a. 1 – 2 Hours
  - b. 4 Hours or less

- c. 1 Shift (6 hours or more)
  - d. More than 1 shift
  - e. More than 1 week
  - f. More than 1 month
  - g. Varies by occupational role
6. Are job shadow opportunities available (please mark all that apply): (Skip to Question 8 after response to this question)
- a. Year Round
  - b. In the Winter
  - c. In the Spring
  - d. In the Summer
  - e. In the Fall
7. Would your organization be willing to offer job shadowing opportunities in the future? (Only those who answered "No" to Question 1)
- a. Yes
  - b. No
  - c. Would have to explore through Corporate and/or Legal Council
8. Does your organization currently offer volunteer opportunities?
- a. Yes – Go to Question 9
  - b. No – Go to Question 12
9. Who may participate in a volunteer opportunity in one of your facilities (please choose all that apply)?
- a. Students under the age of 16
  - b. Students 16 or older enrolled in public or private school in Brevard County
  - c. Students 18 and over enrolled in a healthcare-related course of study at a public or private educational institution in Brevard County
  - d. Anyone over the age of 18
  - e. Other: Please Explain: \_\_\_\_\_
10. How does a potential volunteer request a volunteer opportunity through your organization?
- a. Website application
  - b. Email
  - c. Telephone call
  - d. Letter
  - e. Other: Please Explain \_\_\_\_\_
11. Are any of the following special requirements for ~~Occupation~~ Job Shadow Participants and/or Volunteers through your organization? (Please mark all that apply)
- a. Letters of Recommendation
  - b. High School Transcripts
  - c. Specific GPA Attainment
  - d. College Transcripts
  - e. Drug Test
  - f. Level I Background Screening
  - g. Level II Background Screening
  - h. Other Requirements not described in this survey or issues with these special requirements. Please Explain: \_\_\_\_\_
12. Does your organization offer any non-clinical entry level employment opportunities that do not require previous training or experience?

- a. Yes – Go to Question 13
- b. No – Go to Question 18

13. What positions do you offer that do not require previous training or experience? (Open Response)

14. Are these positions (mark all that apply):

- a. Full-time
- b. Part-time
- c. Per Diem
- d. 1st Shift
- e. 2<sup>nd</sup> Shift
- f. 3<sup>rd</sup> Shift
- g. Available on weekends

15. Who would be eligible to apply for these positions? (Please mark all that apply)

- a. Students 16 or older enrolled in high school or GED courses
- b. Students 16 or older not enrolled in school
- c. Adults 18 or older with no high school diploma or GED
- d. Adults with a high school diploma or GED

16. How do you advertise the availability of these positions? (Open Response)

17. Would you be willing and able to advertise these open positions with Brevard Healthcare Workforce Consortium workforce development and educational partners?

- a. Yes
- b. No

~~11.1. Are any of the following special requirements for Job Shadow Participants and/or Volunteers through your organization?~~

- ~~a. Letters of Recommendation~~
- ~~b. High School Transcripts~~
- ~~c. Specific GPA Attainment~~
- ~~d. College Transcripts~~
- ~~e. Drug Test~~
- ~~f. Level I Background Screening~~
- ~~g. Level II Background Screening~~
- ~~h. Other Requirements not described in this survey. Please Explain.~~

18. Do you host any other opportunities that would expose community members to the healthcare environment?

- a. Yes
  - i. Please Explain in detail regarding the opportunity, who may participate and how to access the opportunity:
- b. No

~~12-19.~~ How would you characterize your organization?

- a. Hospital or Hospital System
- b. Subacute Care Facility~~Rehabilitation Hospital~~
- c. Skilled Nursing Facility
- d. Assisted Living Facility
- ~~e. Progressive Care Community~~
- ~~f. Private Practice~~
- g. Home Health Agency
- ~~h. Medical Staffing Company~~~~Care~~

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i. Home Companion Care Agency

~~g. Healthcare Education Institution~~

~~h-j.~~ Other: Please Explain: \_\_\_\_\_

~~13-20.~~ Please provide the following information:

- a. Name
- b. Title
- c. Name of Organization
- d. Address
- e. Phone Number
- f. Email Address

Thank you for participating in this survey! The information gathered will inform the Staffing and Education, Training and Technology Committees Action Plans and will help us better understand opportunities to educate community members on the work opportunities available in healthcare.