

SAINT AGNES HOSPITAL

**Orientation Packet  
Signature Sheet**

I have read the Saint Agnes Orientation Packet. I understand that if I have questions related to any of this information, I will contact my instructor/preceptor, manager, or supervisor in my assigned area for additional information. I further understand that I will follow the policies, procedures and guidelines of Saint Agnes Hospital.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (*Associate, student, or agency staff*)

\_\_\_\_\_  
SCHOOL (*if applicable*)

\_\_\_\_\_  
INSTRUCTOR / SUPERVISOR'S NAME

NOTE: Non-nursing faculty, students or affiliates must complete this form and submit it to their respective Department Director.

Agency Nurses (per diem) are to complete this form and submit it to the Nursing Office/ Nursing supervisor.

Saint Agnes Associates beginning before the hospital orientation, and Contract Nurses, must complete this form and submit it to the Department of Human Resources.

Nursing students are to complete this form and submit it to his/her instructor or preceptor. The Instructor/preceptor must submit a completed form for each student in his/her rotation to the Department of Education and Research **prior** to the beginning of the clinical experience/rotation. [Please make an appointment by calling 410-368-2553.]

**Parking Registration Form**  
**Designated Parking Lot: \_\_\_\_\_**

I have selected not to have a vehicle on the Saint Agnes Campus

**PLEASE PRINT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_  
(if student/faculty)

SCHOOL: \_\_\_\_\_

INSTRUCTOR/PRECEPTOR : \_\_\_\_\_

UNIT/DEPT: \_\_\_\_\_ SHIFT HOURS: \_\_\_\_\_

CLINICAL ROTATION/PRACTICUM DATES - From: \_\_\_\_\_ To: \_\_\_\_\_

MAKE OF CAR: \_\_\_\_\_ Model: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_

ID BADGE #: \_\_\_\_\_ PARKING PERMIT #: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

Nursing Faculty: Please collect a form for each student and return them to the Dept. of Protective Services located on the ground floor of the Hospital. A card will be provided that must displayed in your windshield while parked at the designated location.

AGENCY NURSE, OR NON-NURSING FACULTY MEMBER /STUDENT: Please submit this form to the Dept. of Protective Services located on the ground floor of the Hospital.

NEW ASSOCIATE: Please complete this form and return it to the Human Resources Department.

***For your safety, pay close attention to construction areas!***