

Making Career Connections

JOB SHADOWING APPLICATION – 2015-2016

(Must be neat & completed in ink)

Student's Name _____ School _____ Grade _____

Student's ID Number (Office Use Only) _____ (Use all 9 digits) Date _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Career Cluster Teacher: _____

_____ Career Cluster: _____

Career Goal: _____
(For example: lawyer, nurse, or teacher – grade 3)

Will parent/guardian be able to provide transportation? _____ YES _____ NO

PHOTO RELEASE: I grant permission for the school to photograph the student for educational publicity purposes while he/she is participating in the shadowing experience. _____ YES _____ NO

Parent/Guardian's Signature _____

If you have a specific employer with whom you would like to shadow, please provide the following information. Attempts will be made to schedule this employer; however, circumstances may arise which could make the match unlikely. **The County's Work-Based Learning Facilitator will make the necessary contacts to finalize the placement. The school and the student will be notified.**

Name of Business _____

Name of Person to Contact _____

Address of Business _____ Telephone _____

_____ E-mail _____

Signature of Parent/Guardian Who Suggested Arrangement: _____

REQUIREMENTS

1. Grade Point Average – *minimum of 2.0*
2. Attendance – *10 absences or less in the last year*
3. No Discipline Referrals
4. Photo Release – *Checked*
5. Confidentiality Agreement - Signed
6. Student Contract, Parent/Guardian Permission, & Emergency Medical Information – *Signed*
7. **Resume – MUST BE TYPED** (attach to back of packet)
8. Letter of Recommendation (place behind resume in packet) – *No relatives or present teacher*
9. Safety Training Form – *signed and on file at home school*
10. **Student Verification Form/Reflection Sheet** must be completed & given to Career Teacher before credit is issued

Approval of High School WBL Coordinator: _____
(I have checked packet for all signatures and pertinent information)

*** Packet will be provided to Business Representative**

SECTION I

STUDENT CONTRACT

1. I understand the importance of the Job Shadow to my education. I know that it is a privilege to participate and that people outside the school are giving up valuable time to help me learn about their jobs.
2. I agree to complete all of the requirements of the Job Shadow Program.
3. I understand that I am responsible for making up work in classes that I miss.
4. I agree to conduct myself appropriately at all times during my job shadow, including time spent being transported to and from the job shadow.

Student Signature _____

Date _____

SECTION 2 PARENTAL/GUARDIAN PERMISSION

1. I give permission for my son/daughter to be released from school to visit a business site for the purpose of job shadowing.
2. I understand that if I am unable to provide transportation, the County School System may be able to make travel arrangements and I approve of this.
3. I agree to support Mineral County Schools and will impress upon my student the need to display appropriate behavior and dress appropriately at all times during the job shadow, including time spent being transported to and from job shadow.

Parent/Guardian Signature _____

Date _____

SECTION 3

EMERGENCY INFORMATION

1. Permission is granted to take my child to a doctor or a local hospital or emergency room, if needed, to obtain medical treatment if deemed necessary. Our family physician is _____ . Physician's phone number: _____
2. Does this student have school accident insurance? Yes No
Employer's Insurance Company Name _____
Policy number, if applicable _____
Please provide any special medical information that might be necessary for treatment on reverse side of this form.
3. I understand that any expenses incurred for medical treatment will be the responsibility of the student, his family insurance or the parent of the student.

Parent/Guardian Signature _____

Date _____

A parent or guardian can be reached at the following number: _____

CONFIDENTIALITY STATEMENT

All personnel have a moral and ethical responsibility to customers and citizens. Under no circumstances may information gained during interaction with co-workers and the public be given to anyone other than those authorized to receive such information. Records and information at the workplace are confidential and privileged communication. Repeating or revealing confidential information to unauthorized individuals could result in serious consequences, such as a lawsuit against the business and yourself. Put yourself in the customer's or citizen's place.

You and your parents will be requested to sign this confidentiality form prior to your Work-Based Learning experience.

LIABILITY STATEMENT

In granting permission for the Work-Based Learning experience, we hereby expressly waive any claim for liability against _____
(Work-Based Learning site)
including its employees and representatives, and release them from all liability in connection with this activity.

SIGNATURES

Signing below indicates agreement to both the confidentiality and liability statements.

Student' signature _____ Date _____

Parent's signature _____ Date _____

Internship teacher _____ Date _____

Training Site
supervisor/mentor _____ Date _____