

Job Shadow Application

Your Name _____ Teacher _____ Period _____ ID# _____

Please complete this form and return it to the Career Center. You should make initial contact with the business and set the date and time for your shadow. When scheduling your job shadow, allow at least three (3) days to complete the required paperwork.

Date and Time of Shadow _____

Business/Agency Name _____

Address _____

Phone Number _____

Email Address _____

Name of Employee to Shadow _____

PARENT/GUARDIAN PERMISSION FOR SCHOOL TRIP

In order for my child, a minor, to take part in and receive the advantages of a program planned and sponsored by Salem-Keizer School District No. 24J, Marion County, Oregon, I am hereby giving permission for him/her to participate in a JOB SHADOW activity.

I AM AWARE THAT MY STUDENT WILL NOT BE ESCORTED ON THIS ACTIVITY AND THAT IT IS THE RESPONSIBILITY OF MY STUDENT TO SECURE HIS/HER OWN TRANSPORTATION TO THE JOB SHADOW SITE.

AUTHORIZATION FOR FIRST AID/MEDICAL TREATMENT

In the event my child needs medical treatment, I hereby consent and authorize an adult representative of the Job Shadow employer or any Salem-Keizer School District employee to permit such treatment on my behalf. I agree to be responsible for the cost of any medical services and to release the Salem-Keizer School District and the Job Shadow provider from any liability or expense.

Parent/Guardian Signature _____ Date _____

For office use only: Packet pickup date _____

STUDENT AGREEMENT

Commitment:

I, _____ understand the importance of the job shadow to my education. I recognize that it is a privilege to participate and that people outside of school are giving up valuable time to help me learn about their jobs. By signing this contract, I agree to fulfill all the requirements of the job shadow program outlined in the Student Checklist I have been given. I also understand the rules that apply for classes I will be missing while on my job shadow.

Attendance:

I understand that once a contact has been made and an appointment date and time set, I am expected to follow through and attend that appointment. I understand that under no circumstances may I simply "not show up." In the event of serious illness, I will call my Business/Host and my school Career Center. I understand that should cancellation be necessary, I will be responsible for any rescheduling of my job shadow.

Transportation/Meals:

I understand that my transportation to and from my job shadow site and any meals I need during my job shadow are my responsibility. I agree to make arrangements to secure transportation to and from my job shadow site. I will not impose upon my Job Shadow Provider to provide my transportation, meals, or money while on my job shadow.

Standards of Behavior:

During the job shadow experience, I will follow all the rules of my high school. I understand that any violation of school policies and/or rules will result in appropriate disciplinary actions. I understand that I am representing my high school and that my conduct during my job shadow affects my classmates and others in my school district. If I make a good impression, everyone benefits; if I make a bad impression, the entire job shadow program suffers.

Student Agreement

I have read and agree to abide by the above conditions.

Student Signature _____ Date _____

Parent/Guardian Awareness/support:

I have read and understand the commitments listed above, which constitute my child's responsibilities to the job shadow program. I agree to support my child's efforts to complete this assignment.

Parent/Guardian Signature _____ Date _____