

# Job Shadow Application

Last Name		First		Middle Initial
Street Address		City	State	Zip
Grade	Age	Student ID #	Date of Application	
<p>List two occupations you would be interested in job shadowing:</p> <p>1st Choice: _____ 2nd Choice _____</p>				
<p>Name of Business you would like to job shadow: _____</p> <p>Person to contact: _____ Phone: _____</p> <p>Have you job shadowed at this business before? (Circle one)      Yes      No</p> <p>If yes, when did you have this job shadowing experience?</p>				
<p>When would you like to go to the job site?</p> <p>Month: _____ Day of the week: _____ Time of day: _____</p>				
<p>Do you currently have a job or have you been employed in the past? (Circle one)      Yes      No</p> <p>If yes, please list a brief description of the work you have done: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>Please list any school or extra-curricular activities you are or have been involved in:</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>List any volunteer or work activities that will assist you in attaining your career goal:</p> <p>_____</p> <p>_____</p>				

Please explain how this job shadowing experience will benefit you:

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Do you have any special concerns or requests?

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*Signing this application indicates that you fully understand the following statements.*

- I understand the school district assumes no responsibility for health, accident, or transportation insurance while job shadowing.
- I agree to provide or arrange transportation to and from the job site.
- I promise to abide by all business policies and all school policies included in the student handbook while on my job shadow.

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_  
Date

Parent or Guardian must support and grant permission for their son/daughter to participate in the Job Shadow Program.

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Signature of Parent or Guardian \_\_\_\_\_  
Date

**Please return this application to your school counselor, instructor, or career counselor.**  
*You will be notified when the job shadow has been arranged.*

## Job Shadow Placement

*This Section For Office Use Only*

Business		Phone #	
Contact Person's Name	Date of Shadow	Time	
Comments:			