

Job Shadow Application

INSTRUCTIONS:

- Fill out this form front and back. Please print neatly in blue or black ink.
- Turn in the application to the School-to-Careers Office at least two days before your job shadow and pick up an evaluation form to take with you. You will also be given a copy of your permission/medical form to take with you to the job shadow.
- Optional: E-mail the person you will shadow to invite him/her to view your EDP online. (See instructions in right column.)
- After you do your job shadow, turn in your signed evaluation to the School-to-Careers Office.
- **Send a thank you note to the person you shadowed.**

STUDENT INFORMATION

DATE: _____

Student Name _____

Student ID # _____ Grade _____ Birthdate _____

E-mail _____

Counselor _____

JOB SHADOW SITE/SUPERVISOR INFORMATION

Business Name _____

Business Phone _____

Business Address _____

City _____ State _____ Zip Code _____

E-mail _____

Person You Will Job Shadow _____

Job Title _____

Career Area _____

The person I am job shadowing is someone I know.

DATE & TIME OF JOB SHADOW

Call the person you want to job shadow to make arrangements for your visit. Set up your job shadow at least 4 days in advance so there is time to have your application approved.

Date of Job Shadow _____

Job Shadow Start Time _____

CAREER INTEREST & EDP INFORMATION

I have attached a copy of my EDP (REQUIRED) My EDP reflects this career interest.

Questions I have, or things I would like to find out about this job area:

OPTIONAL:

Invite the person you will job shadow to view your EDP.

- Login to Career Cruising and Your EDP.
- Under Quick Links on your EDP Homepage, click "Invite Others to View Your EDP."
- Type in the person's name, email address, and a message from you.
- Check the sections you would like to include.
Note: If you check the Personal Profile box your home address and phone number will appear on your EDP.
- Click "Send Invitation" at the bottom of the screen.

The person you send this to will be able to view your EDP and learn more about your interests and achievements.

FOR OFFICE USE ONLY

Job Shadow application was turned in on _____ (Date)

Evaluation was turned in on _____ (Date)

Emergency Contact - Medical Information

Please provide the following information and signatures.

Student Name _____ Grade _____
Parent/Guardian Name _____
Home Phone Number _____
Parent/Guardian Work Number _____
Parent/Guardian Cell Number _____
Street Address _____
City _____
Family Physician _____
Physician's Phone _____
Insurance Company _____
Policy Number _____

Person to contact in an emergency if a parent cannot be reached:

Name _____
Phone _____
Relationship to Student _____

Please note any special health conditions, drug allergies, or current medications.

PERMISSIONS

PARENT/GUARDIAN STATEMENT: I hereby give permission for my son/daughter to attend the job shadow described on the application form. I understand that in the event of injury or illness at the work site I will be contacted for permission and directions regarding emergency treatment. If I cannot be contacted, my signature below indicates permission for any necessary treatment to be given. (Parent/guardian's insurance company will assume the primary medical coverage.) I also understand that my son/daughter will take a copy of this permission form to the job shadow in case the information is needed immediately.

Parent/Guardian _____ Date _____
(Signature)

STUDENT STATEMENT: I will represent EKHS to the best of my ability. I understand that I am responsible for:

- 1) taking a copy of this form with me to the job shadow
- 2) having the person I shadow sign my evaluation
- 3) turning in my completed evaluation to the School-to-Careers Office afterwards

Student _____ Date _____
(Signature)