



# Job Shadow Request (No-School Day Shadowing)

**PLEASE PRINT CLEARLY.** Since you are requesting to shadow during a school vacation day, **your contact information will be shared directly with the business**, in case they need to contact you regarding last-minute changes to your job shadowing experience.

Your Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**To coordinate your job shadow, please follow these steps:**

1. Select Dates of interest. Check sports schedules & family vacation plans BEFORE turning in this form.
  - Dates you can shadow - please list: \_\_\_\_\_
  - Or, Early-Out date (please specify which one) \_\_\_\_\_
2. Career/Job you would like to shadow: \_\_\_\_\_
3. Are you thinking about this career as a potential internship site? Is there a person in particular that you'd like to shadow? Share thoughts here:
4. **Please discuss the job shadow with your family.** Discuss transportation, your schedule, etc. Have a parent/guardian sign below, and then return the form to the teacher who gave it to you. It might take 2+ weeks to coordinate your shadow, so please return the form as soon as possible prior to the date you'd like to job-shadow.

**Parents/guardians:** I hereby release: ...the West Central School District, its agents and employees and the Board of Education from any and all claims, liabilities, suits and causes of action arising from or related to my child's participation in the Career Link program, including travel to and from the job site....and the participating business in the Career Link Program, including but not limited to traveling to and from the job site, and any costs and expenses related to participation in the Career Link Program.

- I understand that my child wants to job-shadow on a day in which there is no school. I give permission to give student's phone, email, cell numbers to the business, as school personnel will not be available to deliver messages to your student regarding last-minute cancellations, etc.: YES NO
- I will ensure that my child contacts the business he/she is unable to keep the shadowing appointment. \_\_\_Yes
- I understand that our family is required to coordinate transportation for our student's job shadow. YES \_\_\_\_\_

Parent/Guardian Signature and Date: \_\_\_\_\_

**5. Obtain permission from your school to attend this shadow:**

*I support this student's desire to job shadow in this field.*

Teacher / Counselor signature: \_\_\_\_\_ DATE: \_\_\_\_\_

6. After your form has been signed by your parent/guardian and a representative from your school, please forward it to: Kristy Jackson, [kjackson@edec.org](mailto:kjackson@edec.org) or FAX: 367-6036. Once your job shadow has been scheduled, the details will be sent to you via email. Please reply to the email to confirm receipt of the job shadow-details.

Students: Remember to send your business a thank-you note after the job shadow! Ask them for a business card!