

CAREER LINK 2015-2016

West Central High School

Application and Agreement Form

Student Name: _____ Grade: _____ **Birthdate:** _____

Address: _____

Cell Phone: _____ Texting: Yes/No (Circle)

Regularly checked Email address: _____

Parent/Guardian Name(s): _____

Parent Phone number during school hours: _____

Student Contract

I understand that shadowing is a privilege, and that people outside of school are volunteering time out of their day to help me to learn about their work and to help me to plan for my future. As such, I agree that I will contact my business partner if I am going to miss my appointment with them (ill, car trouble, etc). I agree to thank them for volunteering to spend their time with me. I agree that I will be responsible for making up work in the classes that I missed for my shadow.

Student Signature_____
Date**Career Interests:**I would like to shadow in one of these career fields:

1. _____ 2. _____ 3. _____

- Note: Proof of a Flu shot is required for hospital shadowing in most cases.

According to SDMyLife, my top Career Clusters are: _____

Scheduling: Do you have certain classes that you'd prefer NOT to miss? Are you in activities that take you away from school during the school day (band, FFA, etc). If so, please list scheduling preferences:

Circle One: *If given an option, I would prefer to shadow on this day:* Blue White Doesn't matter

Personal Information Questionnaire:

1. What are your tentative plans after high school? **Circle:**
College Military Tech School Work Other: _____

2. If you are thinking about college or tech school, which majors / programs are you considering? **Why?**

3. When you were younger, "what did you want to be when you grew up?": _____

4. Please describe yourself to give me a better idea of your interests, and why you are interested in shadowing in one of the fields listed above. I may share this info with the business when I set up your shadow. If you would like to try to shadow with a particular person, please write their contact information in this section, and explain how you know the person, or how you are aware of their work. Write below, or feel free to attach an additional page. THANK YOU!

West Central High School: Parental Permission to Participate in Job Shadow Program

The job shadow program provides West Central students with the opportunity to job shadow and get an up close look at "the real world." I have discussed the job shadow program with my son/daughter or ward _____ (full name) and grant permission for **his/her** (circle one) participation in this program. I hereby release:

1. ...the West Central School District, EDEC, 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 job shadow program, including travel to and from the job site.

2. ...and the participating business, including but not limited to traveling to and from the job site, and any costs and expenses related to participation in the job shadow program.

- I grant permission for my child to travel using his/her own transportation. ___ Yes ___ No
- I grant permission for my child to drive in Sioux Falls for a job shadow. ___ Yes ___ No
- I will plan to transport my child to the job shadow ___ Yes ___ No

Please use this space to describe any concerns you have regarding travel:

I grant permission to photograph my child while participating in the job shadow for program promotion and education purposes. ___ Yes ___ No

If applicable:

Special note: If my child's job shadow requires a legal background check I grant permission for it to be done (typically for law enforcement shadowing) ___ Yes ___ No

Special note: If my child's job shadow requires special release for participation (for example, flying with a pilot), I give permission and release the business from any liabilities ___ Yes ___ No

Parent/Guardian Signature

Date

Counselor /Teacher Approval

I authorize _____ to participate in the job shadow program. This student meets the criteria for participation outlined below.

Criteria for Participation

1. Communication Skills—Student has the communication skills to satisfy the objectives.
2. Attendance—Student has no unexcused absences in current academic quarter.
3. Behavior—I feel that the student demonstrates responsible and mature behavior in and outside of the school, and I feel that the student will represent our district well.

Counselor / Instructor Signature

Date