

IMPORTANT: Please use ink. Do not fold, make stray marks on, or tear this application.

## JOB SHADOW APPLICATION

Name:		Date:
Student ID #:	Lunch Period:	Name of 1st Pd. Teacher:
Address:		
Parent/Guardian Name(s):		Parent/Guardian Phone #::
Home Phone #:		Student Cell Phone #:

### Education

Year(Grade):	GPA:	Attendance (Days missed this semester):
What classes are you taking?		
Extracurricular Activities:		
Awards/Accomplishments:		

### Career/Future Aspirations

Types of careers you are interested in shadowing: (List THREE)
What makes you interested in these careers?
What do you plan to do after graduation?

### Work Experience (Begin with most recent position)

Employer:	Position:	Dates of Employment:
Employer:	Position:	Dates of Employment:

### Miscellaneous

Any other information the Career Advisor should know?
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## *Important Information and Parent/Guardian Permission*

I have discussed the Job Shadowing program with \_\_\_\_\_ and specifically consent to, and grant permission for, his/her participation in this program. Further, I understand and specifically agree that it shall be my responsibility to provide any and all necessary transportation for the above named student to and from the job site, and I hereby release:

1. The Sioux Falls School District #49-5, its agents and employees, and its 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 traveling to and from the job site, and we further undertake and agree with the Sioux Falls School District #49-5, its agents and employees, and its Board of Education, to hold said parties harmless and indemnify them from such claims, liabilities, suits, and causes of action arising from or related to my child's participation in the Job Shadow program, including traveling to and from the job site, and any costs and expenses related thereto, arising from or related to any injury to my son/daughter.
2. All of the participating businesses in the Job Shadow program, agents, and employees from any and all claims, liabilities, suits, and causes of action arising from or related to my son/daughter's participation in the Job Shadow program, including, but not limited to, traveling to and from the job site, any costs and expenses related to participation in the Job Shadow program, or any other claim arising from or related to any injury to my son/daughter in any way related to the Job Shadow program.
3. I consent and authorize the Job Shadow program to use and reproduce my son/daughter's name, testimonial, and/or photograph for the purpose of promoting the Job Shadow program and for the purpose of recognition of the participants.

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## *Counselor Signature*

The student names in this application has regular attendance at school and demonstrates responsible and mature behavior in and outside of the classroom. I recommend he/she be allowed to participate in the Job Shadow program.

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

## *Student Signature*

The information given on this application is truthful to the best of my knowledge. I understand and accept the rules and responsibilities for participation in the Job Shadow program. I understand that it is a privilege, not a right, to participate and that if I fail to complete the necessary steps, I will be subject to the same discipline as I would be at school.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_