



### Douglass High School Job Shadow Application

Last Name		First Name		Middle Initial	
Street Address		City	State	Zip Code	
Grade	Age	Student ID#		Date	
List three occupations you would be interested in shadowing					
1 <sup>ST</sup> Choice _____					
2 <sup>ND</sup> Choice _____					
3 <sup>rd</sup> Choice _____					
List any preference you might have for your job shadow location _____					
Person to contact _____ Phone _____					
Have you job shadowed at this business before? (circle one)    YES        NO					
If yes, when did you have this job shadowing experience? _____					
Do you have a preference when you would like to go to the job site?					
Month _____ Day of week _____ Time of day _____					
Do you currently have a job or have you been employed in the past? (circle one)    YES    NO					
If yes, list the employer and the position held:					
Employer _____ Position held _____					
Employer _____ Position held _____					
Employer _____ Position held _____					

Please explain how this job shadowing experience will benefit you:  <hr/> <hr/>		
Do you have any special concerns or requests?  <hr/>		
<p>Your job shadow will be arranged at a time that is convenient for the person and business that you are shadowing and be during normal school hours. Signing this application in the space provided below indicates that you fully understand the following:</p> <ul style="list-style-type: none"> <li>I agree to be appropriately dressed for the job site that I am assigned to.</li> <li>I agree to abide by all business policies and all school policies included in the student handbook while I am at my job site</li> <li>I agree to arrange for transportation to and from the job site</li> </ul>		
_____ Signature of Applicant		_____ Date
Parent or Guardian must support and grant permission for their son/daughter to participate in the job shadow. Teacher recommendation is also required.		
_____ Name of Parent or Guardian	_____ Signature of Parent or Guardian	_____ Date
_____ Name of teacher	_____ Signature	_____ Date

### Job Shadow Placement

This Section for Office Use Only

Business		Phone Number	
Contact person's Name	Date of Shadow	Time (Beginning and Ending)	
Comments:			