

Pender County Schools Job Shadowing Student / Parent Agreement Form

Student's Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship to Emergency Contact: _____

Emergency Phone Numbers: _____

Emergency Contact's Email Address: _____

Allergies: _____ Health Concerns: _____

Business of Job Shadowing Experience: _____

Business Representative of Job Shadow Experience: _____

Business's Contact Information (Phone Number and Email): _____

_____ I hereby grant Pender County Schools permission to use my child's photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

_____ I **do not** grant Pender County Schools permission to use my child's photograph in its publications or posts.

Student Initials next to each statement below:

| | |
|--|---|
| | Transportation of the student to the observation site is the responsibility of the parent/student. *Exception: School arranged <i>group shadowing experiences</i> |
| | I understand that wages will not be paid during this experience. |
| | I will make sure to dress appropriately for the job shadow experience. |
| | I understand that a photograph, while participating in the shadow experience, is needed in order to have my school absence excused. |
| | I understand that I am representing my school and Pender County Schools. I will be on my best behavior at all times during the Job Shadowing experience. |
| Student Signature: _____ Date: _____ | |
| Parent Signature: _____ Date: _____ | |
| CDC Signature: _____ Date: _____ | |
| Business Representative's Signature: _____ Date: _____ | |

Sample Questions to Ask During Job Shadow Day

| | |
|--|--|
| What is your occupation and job title? | How did you become interested/choose this career? |
| What are the education requirements for your job? | How long did you have to go to school for this career? |
| What classes did you take in high school for this career? | What personality traits are important for this career? |
| What kind of technical knowledge/skills are required? | How many hours do you work in a typical week? |
| What is your favorite thing about your job? | What do you do at your job on a day to day basis? |
| Do you have to depend on others in order to accomplish your job? | What is the hardest thing about your job? |
| Do you have a say in making your work schedule/what days & times you work? | What is the salary range for different levels for people in this career field? |
| What is the opportunity for advancement in this career field? | What is your job environment like? Office? Outside? Working from home? |
| What advice would you give a student interested in this career? | |



JOB SHADOW VERIFICATION FORM



This form must be completed and signed by the student and job shadow supervisor.
Return this form to your CDC/counselor in your school's counseling office by Friday, March 14, 2025. If this form is not submitted, your absence will not be excused.

Student Name: _____

Business/Org.: _____
Name

My signature below is confirmation that the above listed student was present at my business/organization for a job shadowing experience on Friday, February 28, 2025.

Business/Org. Shadowing: _____
Supervisor Name

Business/Org. Shadowing: _____
Supervisor Signature

Contact Number: _____

Student Signature: _____

Verification Pictures? Please send to Dominique_Bates@pender.k12.nc.us;
including student's name, school, & business/organization name