ECTC/EHS
Job Shadowing

WHAT is Job Shadowing?

- Short-term, on-site workplace visits, for the purpose of observation and education
- Exposure to the world of work; a chance to see workplace tasks, responsibilities, environment
- Opportunity for students to observe and interact with employers in the workplace

WHO can apply?

- Juniors and Seniors on track for graduation
- Minimum 2.0+ GPA
- In good standing with discipline and attendance
- Seniors will receive priority for job shadowing opportunities.
- Submission of an application *does not* guarantee Job Shadowing placement.
- **Complete and return this entire packet (Job Shadowing Application, the EHS Release Form, and the Job Shadowing Assignment Form) to Career Coach, Mrs. Brockman, in the EHS College & Career Center.**

WHAT happens after I submit my application?

- Students will be matched with local companies based on career interests and available job shadowing opportunities.
- Students will be notified via **SCHOOL EMAIL** from Mrs. Brockman at least one week prior to their Job Shadowing event. Date, Location, and Point of Contact (POC) will be included in this email. The student **must REPLY to this email message within 24 hours**.
- Before the Job Shadowing event, the student **must pick up his/her Job Shadowing Assignment Form** from Mrs. Brockman.
- Opportunities may be HALF DAY or WHOLE DAY. Upon proof of attendance at the Job Shadowing site, the student will receive a school absence code of SA (School Activity).
- A student may use a maximum of one full day (or two half-days) per semester for job shadowing.

HOW will my absence be coded?

- Students who meet all requirements of job shadowing and return a completed **Job Shadowing Assignment Form** to Mrs. Brockman will receive a School Activity (SA) absence coding.
- Not meeting requirements or failing to report for Job Shadowing for the entire designated time may result in an unexcused absence (UA).

Print, complete, and
return to Mrs. Brockman in the EHS CCC, rm. 128
(printed copies available in each CCC - EHS rm. 128 or ECTC rm. 3)

Job Shadowing Application

PLEASE CLEARLY PRINT ALL INFORMATION

Circle current Grade: _____ 11 _____ 12 Age: _____ Student Cell: _____

Student NAME (as in PowerSchool) _____

What industry do you want to Job Shadow? _____

Any specific job interest? _____

Do you have a specific business in mind for your Job Shadowing? _____ Yes _____ No

Business Name: _____ Contact person: _____

***Keep in mind not all businesses accept job shadowing due to company policies and the nature of their work. ***

Do you currently work? _____ Yes _____ No If yes, where? _____

Future Career Plans: _____

As of now, what are your plans after high school graduation? Check the option you will pursue first.

☐ Technical training ☐ 2 yr college ☐ 4 yr college ☐ Military ☐ Full time work

Transportation arrangement for travel to and from Job Shadowing opportunity:

____ drive own vehicle ____ ride with parent/guardian Parent Email: _____

printed Parent/Guardian NAME: _____Cell: _____

Signature of Student: _____Date: _____

Signature of Parent: _____Date: _____

Are you under a doctor's care? ____ Yes _____ No

Do you have any health problems that would interfere with your regular attendance on a job? _____Yes _____ No

If yes, please explain _____

_____

Student Signature: _____Date _____

Parents and Guardians: Your student has requested to participate in Job Shadowing. He/She will be assigned to a workplace host/mentor who will lead them through an overview and/or specific work opportunities in the company. They will discuss a typical workday, explore different aspects of working in a particular industry, and see how skills they are learning in school are needed in the working world. This form must be completed and returned to Career Coach Mrs. Brockman in the EHS College & Career Center.

My student, _____may participate in a Job Shadowing experience. I understand that my student *must provide his/her own transportation to and from the workplace*.

Parent/Guardian Signature: _____Date _____

Attendance coding expectation understanding: I / We understand that all requirements of Job Shadowing must be met for my absence to be coded SA. Failure to meet all requirements may result in an Unexcused Absence.

Student Signature: _____Date _____

Parent/Guardian Signature: _____Date _____

OFFICE USE ONLY DATE RECEIVED _____

ATTENDANCE: ____absences ____tardies ____on track for graduation ____discipline ____GPA

ENTERPRISE HIGH SCHOOL
PERSONAL LIABILITY AND MEDICAL RELEASE FORM

Student Name: _____ Parent/Guardian: _____
Address: _____ Phone Number: _____

I hereby agree to follow all rules/regulations established by the Enterprise City Board of Education concerning off-campus school-related activities. I understand that all school rules/regulations are in force traveling to and from, and at said location. I understand that I will be held liable for any damages to any organizational, school, etc. property that are a result of my personal actions. I am aware that I must make-up any and all missed assignments during the stated time frames. I have read and understand the student handbook, and understand my personal responsibilities.

_____ _____
Student Signature Date

I hereby agree to release the Enterprise Board of Education, its representatives, agents, servants, and employees from liability for any injury to above-mentioned person, resulting from any cause whatsoever occurring to above-named person at any time while attending this school-related activity, including travel to and from, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.
I do voluntarily authorize the Enterprise Board of Education, assistants, and/or designees to administer and/or obtain routine or emergency diagnostic procedures, and/or routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment.
I agree to indemnify and hold harmless the Enterprise Board of Education and/or assistants and designees from any and all claims, demands, actions, rights of actions, and/or judgments by or on behalf of the above-named person arising from or on an account of said procedures and/or treatment rendered in good faith, and according to accepted medical standards.
Having read and understood completely the Enterprise Board of Education student handbook, I do hereby agree to follow the procedures and practices described. I fully understand that this is an educational activity, and will to the best of my ability support the ideas and goals of this activity.

_____ _____
Parent or Guardian Signature Date

_____ _____
Parent or Guardian Signature Date

TEACHERS' APPROVAL - This student, _____, has an adequate grade average and adequate attendance in my class to participate in this school-related activity.

Activity Name: JOB SHADOWING ARRANGED THROUGH EHS CAREER COACH **Activity date:**_____

1st Block Teacher: _____ 2nd Block Teacher: _____

3rd Block Teacher: _____ 4th Block Teacher: _____

Nurse Signature (if you take medication at school): _____

EHS/ECTC

Job Shadowing Assignment Form

Section <u>One</u> - PARENT completes
Section <u>Two</u> - Career Coach completes
Section <u>Three</u> - Upon arrival, present this page to the Job Shadowing POC. He/She must complete <u>Section Three</u>.
Student must return this entire page to Mrs. Brockman (CCC, rm A128) the day following the job shadowing experience for verification and attendance processing.

* Send a **THANK YOU email** and **CARD** within one week following your job shadowing experience. *

SECTION ONE TO BE COMPLETED BY PARENT AND STUDENT

Student Name: _____

Emergency Contact:_____relationship:_____cell:_____

Emergency Contact:_____relationship:_____cell:_____

<u>Photo and Video Release:</u> I understand Job Shadowing may attract media attention and/or may be used to promote partnerships between our school and employers. There is a possibility that students will be photographed or filmed during their experience.

_____I ***<u>do</u>*** *OR* _____ ***<u>do not</u>*** grant permission for my student to be photographed or filmed for these promotional and educational purposes.

Student Signature: _____Date _____

Parent/Guardian Signature: _____Date _____

SECTION TWO TO BE COMPLETED BY CAREER COACH

Career Tech Program(s): _____Junior ___ Senior___

School Approval: _____Date_____

Status of Application: ☐Approved ☐ Not Approved ☐ Completed Date student email sent:_____

Date of scheduled Job Shadowing Opportunity: _____Time: _____

Site of scheduled Job Shadowing Opportunity: _____

Address:_____

Upon arrival, report to: _____

SECTION THREE TO BE COMPLETED BY EMPLOYER - Verification of Attendance at Job Shadowing site

Job Shadowing POC(please print)_____

Job Shadowing POC(signature)_____Email:_____

Name of business _____phone_____

Date of Job Shadowing event:_____EHS student arrival time _____ departure time_____

Comments:_____

_____

_____

_____

_____

_____

Student must return this entire page to Mrs. Brockman (CCC, rm A128)
the day following the job shadowing experience for verification and attendance processing.