Job Shadow Application



Hudsonville High School 5037 32nd Ave Hudsonville, MI 49426

STUDENT NAME:		GRADE:		
CAREER INTEREST/RATIONALE FOR JOB S	HADOW:			
DESIRED TIME FRAME FOR SHADOW:	Half day AM	Half day PM	Full day	
PROPOSED COMPANY/BUSINESS:				
ADDRESS:				
CONTACT NAME FOR SHADOW:				
PHONE NUMBER:	IL:			
 and shadow/observe a career that they a day (3 hours) or a whole day (6 hours) shadd must be no less than 3 hours. Please take note of these guidelines: This application form must be tur 	owing an employee a	t their job. The minim	um time on your shadow	
 In order to be School Related Abs 	•	_		
You are responsible for providing	-			
Your job shadow choice should be	something that you	don't normally have o	contact with.	
 The person being shadowed must relative and over the age of 25. 	t be a full-time emplo	yee, someone other t	han a parent or close	
 You will need to complete a job shadow in order to receive a schomean your absence will not be scrules. 	ol related absence. F	ailure to complete and	d submit the reflection will	
Your reflection form will be share.	l be shared via your student email and completed electronically.			
You are responsible to arrange your own Sytsma will assist you in scheduling a sha questions? Contact your counselor or Mr	dow should you need	d help finding someon	e suitable. Have further	
STUDENT SIGNATURE PAR		RENT SIGNATURE		

Return this form to: Mr. Sytsma North Building Room #464