

# Job Shadowing Application

If you are interested in participating in a Job Shadowing opportunity, please complete this application (and attached field trip forms) and return to Ms. Davis **at least** three school days in advance of the anticipated date of the job shadowing opportunity!

Student's full name (please print): \_\_\_\_\_ Grade: \_\_\_\_\_

Host company name: \_\_\_\_\_ Host company phone #: \_\_\_\_\_

Host company address: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_ Contact Person's email: \_\_\_\_\_

Expected date and time of job shadow experience: \_\_\_\_\_

## **Parent Permission Agreement:**

My son/daughter will participate in the Job Shadow experience referenced above. I will ensure that my child will be on time, and will reinforce the expectation that he/she will be courteous and professional in dress and demeanor during the job shadowing event. I understand that it is the responsibility of the parent/student to secure transportation to and from the job site and I will ensure my child completes all required documents for this experience, including a hand written and mailed "Thank You" note to the contact who is hosting the student at the job site.

I, \_\_\_\_\_ (parent name printed), agree to the permission agreement listed above and will ensure that my child will have his/her own transportation to the job site on the job shadow day.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

## **Student Agreement:**

I agree to behave in a courteous and professional manner while participating in this job shadowing opportunity. I will arrive to the job site on time and dressed professionally. I *will not* use my cell phone for personal use while at the job site. I understand that if I do not uphold WCPSS behavior and conduct expectations while at this job site that I will be subject to school disciplinary consequences. Upon completion of the job shadowing opportunity, I will *promptly* write a "Thank You" note to the contact who hosted me and will mail it to the contact's business address. I have read and agree to all the student responsibilities listed on the attached page.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date



WAKE COUNTY PUBLIC SCHOOL SYSTEM

NOTICE TO VOLUNTEER DRIVERS
SCHOOL TRIPS OR ATHLETIC EVENTS

DESTINATION/NATURE OF THE ACTIVITY Job Shadowing Opportunity\*

\*Please identify location of Hosting Business:

DATE(S) OF TRIP

NAME OF TEACHER/SUPERVISOR/COACH Rebecca Davis, CDC

SCHOOL Broughton High School

"A school trip is defined as a student or a group of students leaving a school campus under the sponsorship of the school and under supervision of school employee(s) to extend educational experiences consistent with the general goals and objectives of the total school program. A school trip must be related to the curriculum of the school or to a co-curricular activity (e.g., clubs, student council). Any trip made by school students which has not been approved by the board and school administration in accordance with Policy 5430 shall not be considered to be a school trip as herein defined." School Board Policy 5430.2

Athletic events include practices and /or games of the sports offered by the Wake County Public School System. These events are not included in the definition of school trips.

Transportation for School Trips and Athletic Events

If student transportation is by a Wake County System owned vehicle, the school system vehicle liability coverage is applicable to any vehicular accident.

If student transportation is by a private vehicle, the vehicle owner's liability coverage is applicable to any vehicular accident.

Parent or adult drivers should be aware that they may be held responsible for injuries to any Individual's they are transporting and must certify that any private vehicle used is covered by at least the North Carolina State required insurance coverage.

I have read the above statements regarding accident insurance coverage on Wake County Public School System school trips or athletic events. I also understand that I, or the owner of the vehicle being driven by me on this trip, may be responsible for injuries that occur to the individuals being transported. In the event that I am using a privately owned vehicle for transportation on this trip, I certify that the vehicle is covered by insurance as required by North Carolina State Law. I further certify that I have a current operator's license that has not been suspended or revoked for any reason, which authorizes me to drive the vehicle being used in the state of North Carolina and that I have not been charged or convicted of any motor vehicle violations, other than minor traffic violations, within the past 5 years.

DRIVER'S SIGNATURE

DATE

PARENT SIGNATURE

DATE

VEHICLE OWNER'S INSURANCE COMPANY

POLICY NUMBER

## PARENTAL CONSENT AND EMERGENCY INFORMATION FOR JOB SHADOWING/WBL EXPERIENCES

THIS CONSENT FORM IS TO BE SIGNED ONLY AFTER UNDERSTANDING AND AGREEING TO THE INFORMATION BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED PRIOR TO THE JOB SHADOWING/WBL EXPERIENCE, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE AND WILL REMAIN AT SCHOOL.

**Place of Work-Based Learning Experience** \_\_\_\_\_

**Purpose** \_\_\_\_\_

JOB SHADOWING EXPERIENCE

**Name of Teacher/Sponsor** \_\_\_\_\_

Rebecca Davis, CDC

**School** \_\_\_\_\_

Broughton High School

**Method of Transportation** \_\_\_\_\_

Student will provide their own transportation

*\*When privately-owned vehicles are used for transporting students, only the vehicle owner's liability coverage is applicable to any vehicular accident. When students are transported by vehicles owned by Wake County Public School System, the school system vehicle liability coverage is applicable to any vehicular accident.*

**Changes/Cancellations**

I understand job shadow/WBL experiences may be cancelled when necessary by the principal, superintendent, or board of education. The school system cannot guarantee reimbursement when such cancellations occur. Parents/guardians will be notified of any significant change in plans prior to the job shadow experience/WBL experience.

**Expectations and Instructions**

I understand the following is expected of the student.

- To follow instructions given by the teacher prior to the job shadow/WBL experience.
- Comply with all school and district policies and rules of conduct.

In the event any of the above expectations or instructions is violated, I understand school officials reserve the right to deny the student the job shadow/WBL experience and the student will be subject to school disciplinary consequences.

**Insurance Coverage**

I represent that the student has insurance either through the school system's student insurance program or through my own insurance carrier.

I REQUEST THAT THE BELOW-NAMED STUDENT BE ALLOWED TO PARTICIPATE IN THE JOB SHADOW/WBL EXPERIENCE PLANNED AND SPECIFICALLY CONSENT TO THE STUDENT'S PARTICIPATION.

Name of Student \_\_\_\_\_

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

Date \_\_\_\_\_

Student Signature (Grades 6-12) \_\_\_\_\_

Date \_\_\_\_\_

**Special Conditions**

If the job shadow/WBL experience includes water related activities (such as swimming, diving, boating, sailing, cruise ship travel, etc.) or participation on amusement park rides, I acknowledge the inherent risks in these activities and give my express permission for the student to participate in those activities.

I AGREE \_\_\_\_\_ DO NOT AGREE \_\_\_\_\_ TO THE ABOVE SPECIAL CONDITIONS.

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

**Parent/Legal Guardian Medical Emergency Authorization**

In the event of a medical emergency while my child is participating in a job shadow/WBL experience, I authorize Wake County Public School System officials to release the following information to the healthcare provider. I understand school officials will use the contact information provided below to contact me in the event of such emergency. If any emergency medical procedures or treatment are required during the job shadow/WBL experience, I consent to the job shadow/WBL supervisor(s) arranging for and consenting to the procedures or treatment in the supervisor’s discretion. I will pay the costs of any such medical procedures or treatment.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emergency Contact Information**

*1<sup>st</sup> Choice*

*2<sup>nd</sup> Choice*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Day) (Night) (Day) (Night)

\_\_\_\_\_  
(Mobile) (Mobile)

**Emergency Medical Information (Please complete as applicable.)**

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

My child is allergic to: \_\_\_\_\_

Medication taken routinely: \_\_\_\_\_

Special health needs: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

The original form must be given to the Career Development Coordinator/Career Academy Coordinator.  
A copy must accompany the student while on the job shadow/WBL experience.

# Student Responsibilities for Job Shadowing Experience:

## Prior to Job Shadow:

The student will...

1. **Complete the required paperwork** and return to Ms. Davis *at least* three school days prior to the job shadow experience.
2. **Notify and obtain teacher permission** for the classes that he/she will miss in order to participate in this experience.
3. **Secure transportation** to and from the job site.
4. **Plan the transportation route** to the job site.
5. **Calculate travel time** to and from the business from Broughton or starting location. *\*Don't forget to plan for parking, as well as the time it takes you to walk to the business from the parking location.*

## Day of/During Job Shadow:

The student will...

1. Arrive to the job site on time.
2. Dress professionally and adhere to any job site dress code requirements (i.e. closed toe shoes).
3. **Bring the Job Shadow Verification Form to the business host and will ensure that the host signs and completes this verification form prior to leaving the job site.** *\*The verification form is on the back side of this sheet.*
4. Refrain from any personal cell phone use or chewing gum while at the job site.
5. Shake hands and introduce himself/herself to any business contact he/she meets.
6. Thank the host for allowing him/her to participate in this opportunity.
7. Maintain a positive attitude throughout the experience.

## After Job Shadow:

The student will...

1. **Submit the Job Shadow Verification Form** to Ms. Davis upon arrival back to campus.
2. Contact teachers to **collect missed work**.
3. **Write a "Thank You"** note to the business contact who hosted you at the job site. *\*If more than one person "hosted" you, be sure to write individual notes to each of the hosts.*
4. **Mail the hand-written thank-you note** to the host at his/her business address.

## WCPSS Job Shadow Host Verification Form

Thank you for welcoming \_\_\_\_\_ to shadow you today. We appreciate your support of our students and the effort to help guide this student towards his/her career goals.

Please comment about what the student and/you gained from this experience:

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**Signature of person being shadowed** \_\_\_\_\_ **date** \_\_\_\_\_ **times of job shadowing** \_\_\_\_\_

Please print your name and title: \_\_\_\_\_

Your email address: \_\_\_\_\_

Company or Organization: \_\_\_\_\_

Mailing address

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Would you be willing to host a student intern next year? Yes \_\_\_\_\_ No \_\_\_\_\_