



## Job Shadowing Application

The Job Shadow Program is designed to give you an opportunity to meet with an employer at his/her work setting. The benefits of participation include gaining in-depth knowledge about an industry and career field, networking with an employer, and reflecting on the experience with a career counselor.

The Job Shadow Program **REQUIRES** students to follow a five step process:

1. Completed Job Shadowing Application
2. Completed Portfolio
3. Verified 3.0 GPA
4. Attendance Verification

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID #: \_\_\_\_\_

### Shadowing Information

Area of Interest of Shadow: \_\_\_\_\_

Business: \_\_\_\_\_ Address: \_\_\_\_\_

#### Time Preference

Month: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_ Time of Day: \_\_\_\_\_

### References

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Eligibility and Attendance Check

Your teacher needs to confirm that you are meeting the requirements for Academic Eligibility and Attendance according to the most recent Eligibility check.

	YES	NO
Academic Eligibility (GPA >3.0)	<input type="checkbox"/>	<input type="checkbox"/>
Attendance Eligibility	<input type="checkbox"/>	<input type="checkbox"/>

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Agreement

#### Commitment:

I, \_\_\_\_\_ understand the importance of the job shadow to my education. I recognize that it is a privilege to participate and that people outside of school are giving up valuable time to help me learn about their jobs. By signing this contract, I agree to fulfill all the requirements of the job shadow program outlined in the Student Checklist I have been given. I also understand the rules that apply for classes I will be missing while on my job shadow.

#### Attendance:

I understand that once a contact has been made and an appointment date and time set, I am expected to follow through and attend that appointment. I understand that under no circumstances may I simply "not show up." In the event of serious illness, I will call my Business/Host and my school Career Center. I understand that should cancellation be necessary, I will be responsible for any rescheduling of my job shadow.

#### Transportation/Meals:

I understand that my transportation to and from my job shadow site and any meals I need during my job shadow are my responsibility. I agree to make arrangements to secure transportation to and from my job shadow site. I will not impose upon my Job Shadow Provider to provide my transportation, meals, or money while on my job shadow.

#### Standards of Behavior:

During the job shadow experience, I will follow all the rules of my high school. I understand that any violation of school policies and/or rules will result in appropriate disciplinary actions. I understand that I am representing my high school and that my conduct during my job shadow affects my classmates and others in my school district. If I make a good impression, everyone benefits; if I make a bad impression, the entire job shadow program suffers.

*I certify that I have read and agree to abide by the above conditions.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Awareness/support:

*I have read and understand the commitments listed above, which constitute my child's responsibilities to the job shadow program. I agree to support my child's efforts to complete this assignment.*

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

## Job Shadow Interest Survey

Name \_\_\_\_\_

Age \_\_\_\_\_

When will you turn 17? \_\_\_\_\_

Do you have a current immunization record? \_\_\_\_\_

Have you had a TB test this school year? \_\_\_\_\_

If you have had a positive TB test, will you be willing to get a chest X-ray on your own? \_\_\_\_\_

Transportation method? (On your own)

\_\_\_\_\_

Please let us know your preference for job shadow (1<sup>st</sup> being your most desirable and 3<sup>rd</sup> your least desirable).

First choice \_\_\_\_\_

2<sup>nd</sup> choice \_\_\_\_\_

3<sup>rd</sup> choice \_\_\_\_\_

Are you available for an 8 hour shadow? \_\_\_\_\_

Would you prefer to shadow over a break? \_\_\_\_\_ If so, when? \_\_\_\_\_

\_\_\_\_\_



Name \_\_\_\_\_ School \_\_\_\_\_

[illegible]



## VIP Health Pathway Internship

### Community Event Report

Name \_\_\_\_\_ School \_\_\_\_\_

Name of Event\* \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_

Description: (write at least 5 sentences)

Please attach a flyer from the event or a signature with title.

Turn this form into the VIP Coordinator

# Letter of Recommendation Instructions

**Please have your recommender read the following directions:**

To Whom It May Concern,

You have been asked to provide a letter of recommendation for a student who is applying for an internship in the health professions. In order to maximize their efforts and personal reflection and minimize your time, we ask that you tell the student to draft up the letter first and then you will finalize it. This provides the student an opportunity to practice writing a letter using proper format, but a chance to make personal reflections.

The content of the letter should include:

- Preparation for the internship-what are current skills and training
- Academic achievement--
- Character traits ( punctuality, reliability, etc)
- Reason and readiness for Internship

Ask the student to submit the LOR draft via email so that you can easily make changes.