

Job Shadow Agreement

I realize that I represent Silverton High School during my job shadow and that I must conduct myself in a professional manner & successfully complete the following:

I will dress & conduct myself as the organization requires of other employees at the worksite. (Ask for examples when you contact the organization).

I will sign a confidentially statement if required.

If I must be absent, I will call both my contact at the organization and my teacher. I will then reschedule the job shadow for another date.

I will ask the supervisor to record worksite hours on the job shadow evaluation form & return it with my typed report.

I will write a thank-you letter to the supervisor.

I will provide my transportation to the worksite.

I understand that this is a unpaid/learning experience.

Student initials: _____

DATE _____

I understand that the job shadow is a learning experience & I will accept the responsibilities required of me by the school & the employer.

NAME _____ GRADE _____

STUDENT SIGNATURE _____

PERMISSION IS GIVEN FOR MY STUDENT NAMED ABOVE TO TAKE PART IN THE JOB SHADOW AT:

NAME OF BUSINESS/ORGANIZATION SUPERVISOR THERE

AUTHORIZATION IS GIVEN FOR THE ADMINISTRATION OF FIRST-AID WHEN NECESSARY & Silver Falls School District employees or adults at the job shadow site are authorized to secure the services of a physician or hospital in the event of accident or illness. Silver Falls School District and participating business/organization are released from any medical/hospital financial obligations that may occur as a result of my student's participation in the school activity listed above. I accept full responsibility & will provide payment for any and all medical costs incurred.

PARENT/GUARDIAN _____

DAY PHONE _____ CELL PHONE _____

ADDRESS _____

PARENT/GUARDIAN SIGNATURE _____