

PVHS JOB SHADOW APPLICATION

Job shadows are an exploratory experience which allows students a chance to investigate career interests. Students who job shadow with family, friends of the family or at the parent's place of employment should schedule outside the school day.

Name:	Counselor:
Class with Period (if using job shadow for class credit) or Study Hall:	Student's Phone #/Email (to notify you of job shadow)

List any times you will be unavailable for a job shadow: *(If you do not list times and a shadow is scheduled you are responsible to reschedule. Remember to include any days PV is not in session)*

1. Please sign if you would like to job shadow. Indicate if Mrs. Johnson should arrange or you will arrange.

2. If you are in Econ class - please sign if you do not want to job shadow - have your parent sign indicating they are aware you aren't shadowing

Parent Permission/Transportation Form

Parent/Guardian's Name:	Parent/Guardian's Daytime Phone:
Emergency Contact Person (different than parent/guardian):	Emergency Contact Daytime Phone:

I, the parent/guardian of the above-designated student, give consent for my student to participate in the job shadowing experience.

I understand the transportation is our responsibility. I give permission for the student above to ride in a private vehicle with the assigned mentor if the job shadow entails some travel between job sites.

My signature hereby relieves the Pleasant Valley School District, all of it's employees, and the participating business of any liability in the event of an accident related thereto. Students will not be able to participate in the job shadow program without this waiver signed and on file at Pleasant Valley High School.

Please check here if you agree to let the school give your daytime phone number to the business host in case of an emergency.

Parent Signature: _____ **Date:** _____

PARENT OR GUARADIAN: If you are interested in participating in Pleasant Valley High School's career programming (circle please): Job Shadow/Informational Interview Host, Business Tours, Classroom/Lunch & Learn Speaker. Please list the name of your business and preferred contact information:

Business Name: _____ **Contact Info:** _____

JOB SHADOW PRE-ASSESSMENT

Name:

What are you hoping to learn from this job shadow:

1st Choice:

2nd Choice:

Why:

Why:

Give a brief job description:

What are some skills/traits you think would be necessary for this job:

What kind of education do you think is needed:

List 3 questions you would like answered.

Question 1:

Question 2:

Question 3: