

# Job Shadow Proposal

Name: \_\_\_\_\_ Shadow Career: \_\_\_\_\_ Advisory Teacher: \_\_\_\_\_

Please complete the following questions in a detailed manner using complete sentences. Use [WOIS.org](http://WOIS.org) for accurate information, if needed.

1. Explain why you selected to job shadow this career.
  
  
  
  
  
  
  
  
  
  
2. Explain and elaborate upon ways that this job shadow experience may help to clarify your career goals. Be sure to explain 2 or 3 examples of what you hope observe and learn.
  
  
  
  
  
  
  
  
  
  
3. Describe this career and the job responsibilities.
  
  
  
  
  
  
  
  
  
  
4. What skills and abilities are needed for this job and why do you feel it might be a good match for you?
  
  
  
  
  
  
  
  
  
  
5. What high school courses do you think would be helpful for this career and what type of education will you need after high school (ex. 4-Year College, Community College, Military, Tech School, Apprenticeship, etc...)?

Approval Signature: \_\_\_\_\_

# **PARENT/STUDENT INFORMED CONSENT FORM**

## **JOB SHADOW/CAREER PROJECT/COMMUNITY SERVICE**

As the parent/guardian of \_\_\_\_\_, a student at Anacortes High School, I understand that my student will participate in activities that include either a job shadow or career project component and community service. The activities my student plans to participate in are described his/her student's Job Shadow Proposal, Career Project Proposal and/or Community Service Time Log, which I/we have reviewed. I am aware that these are required components of the Senior Culminating Presentation, which is part of my student's graduation requirements.

I/We understand that the Anacortes School District will not have staff present during any outside preparation of activities involved in the activity. I/we assume the responsibility of supervising my child for all the activities involved in preparing for the activity.

I/We understand that if the student chooses to work with persons, agencies, or businesses in the community, the District in no way certifies and/or verifies the qualifications of supervisors in the community. The District recommends that each parent/guardian visit and approve of any location where your student will be working as part of his or her activity.

I/We understand that the District prohibits a student from undertaking any activity which may place the student and/or his or her supervisors at an unnecessary risk of harm or injury. I/We understand that the District expects the parent/guardian to make the initial determination as to whether an activity places the student and/or his or her supervisors at risk of harm or injury. I/we understand that it is the responsibility of the parent(s)/guardians(s) to ensure the supervisor is 1) providing their son or daughter with a safe environment, and 2) following all necessary safety procedures.

### **PARENT/LEGAL GUARDIAN /PARTICIPANT INFORMED CONSENT**

Being fully informed and aware of the risks associated with this activity, I hereby give my permission for my son/daughter to participate in this activity. I release the Anacortes School District and assume any risk inherent in the activity. In addition, I waive the right of recovery or to bring legal action against the Anacortes School District for any injury, death, property damage or other consequences arising out of participation or during the period of this activity. NOTE: The District does not require or endorse the actual physical activity the student undergoes to prepare for this project.

Student Name (please print) \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Name (please print) \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Legal Guardian signature reflects knowledge and approval of the activities described)