

JOB SHADOW APPLICATION

SOUDERTON AREA HIGH SCHOOL

625 Lower Road

Souderton, PA 18964

In order to participate in Job Shadow Day this application must be completed in its entirety.

Student Information:

Student's Name: _____

I agree to visit the sponsoring business listed below on the designated Job Shadow Day. As a representative of Souderton Area High School, I agree to comply with the expectation to dress professionally, communicate to the mentor/sponsor professionally and behave in a professional manner. I also understand that I will be required to complete a reflection following the visit.

Student Signature: _____ Date: _____

Sponsoring Business Information: (Please print all information clearly)

Work Place Name: _____

Mentor's Name: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: () _____

Parent/ Guardian Permission:

I give permission for _____ to visit the sponsoring business listed above as a participant of the Souderton Area High School Job Shadowing Program. *Please indicate the date* your child will be job shadowing: _____

Parent/Guardian Signature _____ Date _____

NOTE: This application is required for anyone performing a job shadow. This form should be turned in to the attendance office one week prior to the date your son/daughter will be job shadowing. This includes job shadows performed on days school is not in session.

REMEMBER TO WRITE A REFLECTION IN PATHWAY MANAGER AFTER YOU HAVE COMPLETED YOUR JOB SHADOW.