



Mehlville High School Job Shadowing Application

A student may participate in job shadowing experiences to earn up to a maximum of 12.5 hours. These hours can be counted as part of the student's A+ Scholarship hours. These hours should be completed outside of school time, but if this is unavoidable, students will be excused from school for the experience. Please be aware that even though Job Shadowing is an excused absence, it does negatively impact your overall attendance, and may drop you below the 95% A+ attendance requirement.

****ALL COMPLETED JOB SHADOWING FORMS MUST BE TURNED IN TO MRS. SHANNON IN THE A+ OFFICE BY MAY 1ST OF THE STUDENT'S SENIOR YEAR.**

This section is to be filled out by the student:

Name of Student (print) _____ Class of _____

By signing below the student agrees to this statement: "I have read and understand all of this application. I have had each section filled out by the appropriate person. I have answered all of the questions honestly and realize if any of this document is discovered to be fraudulent, I will lose my A+ good citizenship standing. I realize I will not be excused from any school time missed until all pages of the application are submitted together."

Student Signature _____

This section is to be filled out by the A+ Coordinator or Administrative Assistant:

Date & Time Received _____

A+ Coordinator/Administrative Assistant Initials _____

Job Shadowing Application Page 2:

This section is to be filled out by the parent/guardian. While you will keep this application all together, you should give the person you shadow a copy of this page in case of an emergency:

I, _____, hereby give permission for
(PRINT parent/guardian name)

_____ to participate in a job shadowing experience on _____.
(PRINT student name) (date)

This experience will take place at _____,
(business/organization name)

located at _____ from _____.
(business/organization address) (times/hours spent)

I understand that it is my responsibility to provide transportation for my student to and from the job-shadowing site. School rules and regulations will be observed by my child.

In case of an emergency, call the following emergency phone numbers:

Phone number	Name	Relationship

I understand that my child must present the "Job Shadowing Verification" form to be excused from school. I further understand that the District will not be liable for any injuries sustained by the student's participation in this program. I have read the above information and fully understand and agree with the content.

Parent/Guardian Signature

Date

Job Shadowing Application Pages 3 & 4 - Career Information Interview:

The student will interview the primary contact/professional being shadowed and the student will complete the answers to these questions:

1. What is your name?
2. What is your official job title?
3. How many years have you worked in this position/profession?
4. How did you obtain your present position?
5. Did other occupations lead you to this position? If so, what were those occupations?
6. In what ways do you find your occupation to be satisfying?
7. Are there any ways that you find your occupation to be dissatisfying and/or challenging?
8. What are some daily tasks you perform in your occupation?

9. What do you think are the benefits of your occupations compared to other occupations?

10. What are the drawbacks of your occupation compared to other occupations?

11. What do you believe are some of the most important qualifications of an employee/professional to successfully do your job?

12. What training and education are needed for this type of work?

13. Do you suggest any specific colleges, apprenticeships, or training programs I should apply to/for?

14. What advice would you give a young person who is considering this profession?

Job Shadowing Application Page 5: Job Shadowing Company Information

This section is to be filled out by the Person you Shadow:

Person Shadowed or Primary Contact if multiple people shadowed at the same location:

Name of Company: _____

Address: _____

City/State/Zip Code: _____

Phone #: _____

Email: _____

Date of Job Shadow: _____

Hours spent at the Job Site: _____

Signature of Job Shadowing Contact/Professional: _____

Job Shadowing Application Page 6: Job Shadowing Reflection

This section is to be filled out by the student. After filling this out, schedule a meeting with the MHS College & Career Counselor to discuss your experience. She will sign at the conclusion of the meeting and then you will take the form to the main office for the A+ Coordinator:

What did you learn from this experience?

Would you choose this as a career? Yes/No? Explain:

What colleges, apprenticeships, or other opportunities will you apply to as a result of this meeting?

College & Career Counselor Signature

Date: _____